CONFIDENTIAL

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The Soufriere Foundation
SOUFRIERE REGIONAL DEVELOPMENT FOUNDATION LTD • ST. LUCIA

P. O. Box 272, Bay Street, Soufriere, St. Lucia, WI
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SCHOLARSHIP APPLICATION FORM

SECTION A

_____ _____ _____
Surname First Name Middle Name

Date of Birth: _____ Gender: ☐ Male ☐ Female

Place of Birth: _____

Residence Address: _____

Contact Number(s): _____ Email Address: _____

_____

Last School Attended: _____ Form Level: _____

School Applied to: _____ Level/ Year: _____

What is your Intended Course of Study? _____

SECTION B

Please answer the following questions in support of your application (If you need more space for your answers, please identify the number of the question and use the back to continue your response)

NAME OF PERSONS RESPONSIBLE	*RELATIONSHIP*	*OCCUPATION*

Is a responsible person named above currently employed? ☐ No ☐ Yes: _____-Time
(Part-Time or Full-Time)

How many persons are currently living in your household? _____ Adults _____ Children

How many persons living in your household attend school? _____ Adults _____ Children

What is the
Total Average Monthly Income available to your household from all sources? $ _____

What is the
Total Average Monthly Living Expenses that is incurred for your household? $ _____
(for rent, mortgage, utilities, food, essential bills, etc.)

1. Are your receiving/will receive any form of educational or financial assistance from any other organization, person or government for the upcoming academic year? ☐ Yes ☐ No
   If Yes, (*for each source*)
   Give Name/Amount/Form: _____

2. Have you applied for any form of educational or financial assistance from any other organization, person or government for the upcoming academic year? ☐ Yes ☐ No
   If Yes, (*for each source*)
   Give Name/Amount/Form: _____

3. Why did you choose the above-indicated course of study? _____

_____

_____

_____

4. How do you intend to contribute to your community at the end of your study? _____

_____

_____

_____

5. List any clubs/organizations you have been a member of over the last two years and give the capacity in which you served, the length/dates of your service and a brief description of your service

_____

_____

_____

_____

_____

6. List any voluntary work you have done and give the capacity in which you served, the length/dates of your service and a brief description of your voluntary service.

_____

_____

_____

_____

7. List the areas of the Soufriere Foundation's work or programs that you would be interested in assisting with as a volunteer and your times of availability (such as: *Summer Programs*, *Administrative* or *Tour Guiding Duties*, *Training Courses*, *Community Projects*).

_____

_____

_____

8. Why should you receive a scholarship? _____

_____

_____

_____

_____

I certify that the information provided in this application is true and correct to the best of my knowledge.

_____

Signature of Student *(Date)*

_____

Signature of Parent/Guardian *(Date)*

***** NOTICES *****

Any false and misleading information will result in your application being ***REJECTED***.

Your application MUST be completed and submitted to the Soufriere Foundation ***ON OR BEFORE MONDAY, JULY 5, 2010*** to be considered. Applications submitted after this deadline ***WILL NOT*** be considered.

All information on your application will be kept ***CONFIDENTIAL***

****Checklist:***

Your application ***CANNOT*** be processed and an award approved, ***UNLESS*** the Soufriere Foundation has received ***ALL*** of the following documents (*check below if attached*):

____ A copy of your Grade Slip

____ An original copy of the "Permission to Obtain Academic and Attendance Record" form properly signed

____ Your Acceptance Letter from the Institution