CONFIDENTIAL

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

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

SECTION A

_____   _____   _____
Surname   First Name   Middle Name

Date of Birth: _____   Gender: ☐ Male   ☐ Female

Place of Birth: _____

Residence
Address: _____

Contact   _____   Email
Number(s)   Address: _____

                _____   :

Last School   Form
Attended: _____   Level: _____

School Applied to   Promoted to
Or Promoted to: _____   Form Level: _____

SECTION B

Please answer the following questions in support of your application.

NAME OF PERSONS RESPONSIBLE	*RELATIONSHIP*	*OCCUPATION*

Is the person(s) 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.)

Are you receiving/will receive any form of educational/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: _____

Have you applied for 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: _____

Why do you need financial assistance? _____
(Can be written as a letter and attached.)

_____

_____

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 FRIDAY, JULY 16, 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 Book (if applicable)

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

____ Two original copies of the "Statement of Need" form properly completed/signed/sealed in an envelope by a
NON-RELATIVE