**University Of Guyana Undergraduate Degree Scholarship**

The information provided on this form will be used by the Claudette Caesar Foundation Board to select recipients for scholarships. It is important that you give complete details concerning your School grades, University/career plans, activities and financial information.

**Basic Information Application Number**

**Application Number** *(application number to be added by CCF)*

**Full/Legal Name**

|  |
| --- |
|  |

**Address**

|  |
| --- |
|  |

**Phone Number**

|  |
| --- |
|  |

**E-mail**

|  |
| --- |
|  |

**Date of Birth *(dd/mm/yyyy)***

|  |
| --- |
|  |

**Gender**

|  |
| --- |
|  |

**Primary School**

|  |
| --- |
|  |

**Secondary Education**

**Current Secondary School**

|  |
| --- |
|  |

**Resident of School Dormitory** Yes □ No □

**Grade/Stream**

|  |
| --- |
|  |

**Academic Average Grade** *(e.g., A, B)*

|  |  |
| --- | --- |
| GRADE 7 |  |
| GRADE 8 |  |
| GRADE 9 |  |
| GRADE 10 |  |

**CXC Results** *(CXC grades to be added by CCF)*

|  |  |
| --- | --- |
| **SUBJECT** | **GRADE** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Class Rank** *(e.g., 1st 2nd)*

|  |
| --- |
|  |

**Degree Major(s) You are considering** *(in order of preference)*

|  |
| --- |
| Major 1: |

|  |
| --- |
| Major 2: |

|  |
| --- |
| Major 3: |

**School/Community activities/Work/Experience/Sports/Awards/Etc:**

*List name of club, groups etc. and years of participation. If you volunteered, list the name of organization and the number of hours, weeks and years that you volunteered. If you worked, list the company, hours per week and length of time. Attach an additional sheet or resume if necessary.*

**School Activities/Office held 1** (not sports)

|  |
| --- |
|  |

**School Activities/Office held 2** (not sports)

|  |
| --- |
|  |

**School Activities/Office held 3** (not sports)

|  |
| --- |
|  |

**Community Service 1** (outside of school)

|  |
| --- |
|  |

**Community Service 2** (outside of school)

|  |
| --- |
|  |

**Community Service 3** (outside of school)

|  |
| --- |
|  |

**Sports Participation 1**

|  |
| --- |
|  |

**Sports Participation 2**

|  |
| --- |
|  |

**Sports Participation 3**

|  |
| --- |
|  |

**Travel Experience or Unusual/Notable Experiences**

|  |
| --- |
|  |

**School / Community Awards and Honours 1** *(no matter how small)*

|  |
| --- |
|  |

**School / Community Awards and Honours 2** *(no matter how small)*

|  |
| --- |
|  |

**School / Community Awards and Honours 3** *(no matter how small)*

|  |
| --- |
|  |

**Personal Data** *(used only for the purpose of equitable access to CCF scholarship Funds)*

African □

Chinese □

East Indian □

Indigenous □

Mixed race □

Portuguese □

Disability Yes □ No □

Religious Affiliation

|  |
| --- |
|  |

**References**

Please list one educator and at least one community person who would recommend you for a scholarship.

|  |
| --- |
| Reference 1  Name  Position  Phone number  Email |

|  |
| --- |
| Reference 2  Name  Position  Phone number  Email |

**Parental/Guardian Financial Information**

Students wishing to be considered from a CCF Scholarship must complete the information requested below. All information supplied by you will be treated as confidential. If you chose not to submit any financial information, you may not be considered for the scholarship. Please report earnings for the parent/stepparent/guardian who the student has lived with most of the time (over 50%) in the past twelve months. Accompanying evidence to be provided upon request.

**Single Parent YES/NO**

**Father/Stepfather/Guardian Name**

|  |
| --- |
|  |

**Father/Stepfather/Guardian Employer and occupation**

|  |
| --- |
|  |

**Father/Stepfather/Guardian Monthly net income *(over the past 6 months)***

|  |
| --- |
|  |

**Mother/Stepmother/Guardian Name**

|  |
| --- |
|  |

**Mother/Stepmother/Guardian Employer and occupation**

|  |
| --- |
|  |

**Mother/Stepmother/Guardian Monthly net income *(over the past 6 months)***

|  |
| --- |
|  |

**Other income that can be used for educational purposes**

|  |
| --- |
|  |

**Please explain any unusual circumstances such as adhoc work, unemployment, emergency expenses, medical bills.**

|  |
| --- |
|  |

**Please tell us why you believe you should receive a CCF degree scholarship** (250 words)

|  |
| --- |
|  |

*Please note that you will be asked to submit a topical essay, at grade 10, if you remain eligible for the scholarship.*

**Parent/Guardian Name**

|  |
| --- |
|  |

**Parent Guardian Signature**

|  |
| --- |
|  |

**Date**

|  |
| --- |
|  |

**Please submit your application form by 31st of January, 23:59**

***For Office Use* ONLY**

**Does the applicant meet the criteria?**  Yes Partially No

Partial:

No:

**Was the application submitted on time?**  Yes No

**Is the essay completed?**  Yes No

**Pastoral Support offered?** Yes No

**Career Advice given**? Yes No

**Scholarship Offered?**  Yes No