

CARICOM/BRAZIL/FAO DISASTER RISK REDUCTION COOPERATION PROGRAMME

GRANT APPLICATION FORM

1. PERSONAL DATA

1. SURNAME (Block Capitals)	2. CHRISTIAN NAME(S)
3. MAILING ADDRESS	
4. PERMANENT ADDRESS (if different from 3)	

2. ACADEMIC QUALIFICATIONS

LEVEL	INSTITUTION	CERTIFICATES/DEGREES/ DIPLOMAS	YEAR
Secondary			
Technical/Vocational			
University			
Other			

3. PURPOSE OF THE GRANT(S) FOR WHICH YOU ARE APPLYING

- Existing Programme in Regional Tertiary Institution
- Research Support
- Training Course
- Student Exchange
- Other, specify

4. DETAILS OF THE PROPOSED COURSE OF STUDY/RESEARCH/TRAINING/EXCHANGE

Course of study/research/training/exchange	
Institution where study/research/training/exchange is to be pursued	
Qualification/certification on completion	
Commencement date	
Length of course of study/research/training/exchange	
Time basis attending Institution	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

5. INDICATE THE EXPECTED COST OF STUDY/RESEARCH/TRAINING/EXCHANGE

1.	Tuition Fees	\$
2.	Lodging	\$
3.	Meals	\$
4.	Books/Supplies/Equipment	\$
5.	Transportation	\$
6.	Incidentals	\$
	Total	\$

6. PROVIDE CONTACT INFORMATION FOR TWO (2) REFERENCES

NAME	ADDRESS & TELEPHONE NUMBER	RELATIONSHIP

I certify that the information provided by me on this application, to the best of my knowledge and belief, is correct and complete.

Signature of Applicant

Date

IMPORTANT NOTES:

Please attach a certified copy of your birth certificate or baptismal or other evidence of proof of your Nationality

Certified copies of certificates, etc with full details, especially grades, along with supporting evidence should be given.

CONFIDENTIAL STATEMENT OF FINANCIAL NEED

Please complete and submit along with your Award application in a separate envelope marked '**CONFIDENTIAL**' and address to CDERA Scholarship Committee, Building #1, Manor Lodge Complex, Lodge Hill, St. Michael

N.B. Applications **MUST COMPLETE ALL** sections.
Applications accompanied by **INCOMPLETE STATEMENTS WILL NOT BE CONSIDERED.**

SECTION A: INFORMATION ON APPLICANT

1. Name of Applicant:
2. Status of Applicant: Single Married Other

APPLICANT'S FINANCIAL STATUS

Anticipated funds from other sources e.g. donations, family contributions etc.		
Amount per annum		
Name and Address of Applicant's Employer		Telephone Number
Position Held	Net Annual Income	Length of Employment

If not employed, please state your sources of financial support e.g. Parent, Guardian, Spouse

Name and Address:		
Name and Address of Applicant's Employer		Telephone Number
Position Held	Net Annual Income	Length of Employment

**STUDY AND DEVELOPMENT OBJECTIVES
APPLICATION FORM**

A. Provide a brief outline of the courses/proposed research/training to be undertaken

B. Indicate How the Learning Experience Obtained From Your Studies/Research/Training Will Benefit Your Country/Institution

C. Describe how you intend to use the knowledge and experience to be acquired through the grant in relation to future positions, professional activities.