

APPLICATION FORM FOR A BURSARY/SCHOLARSHIP FROM THE ERROL BARROW MEMORIAL TRUST FUND IMPORTANT NOTE: Please read the Eligibility Criteria before filling in this Application Form.

| Name:              |                    |  |
|--------------------|--------------------|--|
| Date of Birth:     |                    |  |
| Country of Origin: |                    |  |
| Education          |                    |  |
| Elementary:        |                    |  |
| High School:       |                    |  |
| University or C    | Community College: |  |
| Other Training:    |                    |  |
|                    |                    |  |
| Work Experience    | e:                 |  |

| What will be your field of study?   |         |  |  |
|---|---------|--|--|
| At which academic institution will you pursue your studies?   |         |  |  |
|   |         |  |  |
| How long will your program of studies/research last?  |         |  |  |
| Amount requested from the Errol Barrow Trust Fund:  |         |  |  |
| How do you plan to finance your studies? Please list approximate amount expected.                                       |         |  |  |
| From savings Part-time wor  | k Loans |  |  |
| Relatives Other scholar   | ships   |  |  |
| How did you hear about the Errol Barrow Memorial Trust Fund?  Have you previously applied for this Bursary/Scholarship? |         |  |  |
| Please make sure to send the following along with this application:  An interim or final official transcript            |         |  |  |
| Proof of admission to the institution offering the program you wish to pursue   |         |  |  |
| Your statement of 500-750 words (see eligibility/criteria)  |         |  |  |
| Two letters of recommendation   |         |  |  |
| Kindly submit your application to:  |         |  |  |
| The Errol Barrow Memorial Trust of Canada c/o The Barbados High Commission 55 Metcalfe Street, Suite 470                |         |  |  |

Ottawa, ON Canada k1P 6L5