15TH ANNUAL KREGG NURSE MEMORIAL SCHOLARSHIP APPLICATION

TO STUDENT: Please complete the following information based on your current situation. All applicants must be applying to a post-secondary academic institution to be eligible. Deadline for submission of this application, including short essay and reference letter, is May 10, 2019.

Last Name, First Name, Middle Initial	Date	Age

Home Street Address	E-mail Address	Home, Work & Cell Phone

Are you a Barbadian Resident? ☐ Yes ☐ No	Marital Status ☐ Single ☐ Married ☐ Other _____ Number of Children ____	☐ Male ☐ Female

Are you currently (or were you ever) a Scholarship/Financial Aid recipient? ☐ Yes ☐ No

If yes, what year?

If yes, name of Scholarship/Financial Aid _____

Which academic institution are you enrolled in **OR** are applying to for admission? Check only one.

☐ Samuel Jackman Prescod Polytechnic ☐ BIMAP
☐ Barbados Community College ☐ University of the West Indies
☐ Other _____

Formal Education

Name of School	Subjects Taken	Degree/Awards/Certificate/Passes Granted	Year Completed	Comments

Work Experience: (Please list any jobs, including summer employment, you have held).

Specific Nature of Work	Employer	Date of Employment

Reference: One recommendation (particularly from an academic source) is required. Please list the name of the individual, academic and/or employer, whom you have asked to complete and send the recommendation directly to Caribbean Catalyst Inc.:

(1)_____ _____
Name Telephone Number and/or email

Essay: On a separate sheet of paper, describe in 500 words your chosen career path and goals and why.

APPLICANT'S SIGNATURE _____ DATE _____

Please forward completed form to
Caribbean Catalyst Inc.
River Road
St. Michael
Contact Person: Junelle Brathwaite
Email: junelle.brathwaite@caribbeancatalyst.com
Telephone: 426-0821

*Applications may be obtained on our web site (www.caribbeancatalyst.com)