



APPLICATION FOR FUNDING AWARD
Absolute deadline for submissions (no exceptions) is **May 31, 2018**

INCOMPLETE APPLICATIONS *WILL NOT* BE CONSIDERED

Consideration for funding will not be given if the area of concentration is offered at the Bermuda College.

CONDITIONS FOR FUNDING

- The programme/course of study must be accredited and at an approved institution.
- The award is for tuition purposes only, and will only be provided for the initial length of the programme. (The award does not cover books, incidentals or room/board). The award is paid directly to the training provider (College/University).
- The applicant must demonstrate the ability to balance their source of support with available funds/income with expenses. Therefore, a credit bank reference for education is required.
- Payment of the award occurs at the beginning of the school year upon receipt of proof of enrolment.
- For continued funding, students must maintain a minimum GPA of 2.7 or B- equivalent. Transcripts/progress reports must be submitted at the end of each semester/quarter to ensure receipt of funding.
- It is not the responsibility of the Department of Workforce Development to provide additional funding beyond what has originally been agreed in the award letter.
- The student agrees to reimburse the Department of Workforce Development under the following conditions:
 - If the student decides to discontinue their educational training in the absence of extenuating circumstances.
 - If the student refuses a reasonable offer of employment in his/her area of qualification after completion of studies.
- The Department of Workforce Development will not provide funding for 'resits' or 'retakes' of coursework or examinations.
- Student agrees to supply information pertaining to overseas address within 30 days (if applicable).
- Students entering their freshman year shall sit a college placement test at the Bermuda College prior to approval of an award by the Department of Workforce Development.
- Students must have adequate medical coverage and provide proof of good health.
- Students must inform the Department of Workforce Development immediately of any changes in address, telephone numbers, e-mail, etc.
- Students must take a minimum of 12 credit hours per semester. The Department of Workforce Development reserves the right to cancel funding if terms and conditions of this application are not met.
- Department of Workforce Development conditions are subject to change at any time.
- Upon successful completion of studies, students are expected to provide the Department of Workforce Development with a copy of their graduation certificate(s) and/or professional designation.

23 Parliament Street, Hamilton HM 12, Bermuda | Tel: 441 292-3700 | Fax: 292-5984

FUNDING AND SCHOLARSHIP APPLICATION FORM

I wish to be considered for:

- Permit - to attend Bermuda College Column 1
- TVET Professional Development/Technical courses, not exceeding \$5,000 and no longer than 12 months Column 2
- Sponsored Trainee Award (For Employer) - apprenticeship/traineeship Column 3
- NTVT - National Technical Vocational Training Award Column 4
- ITEC India Programme www.itec.mea.gov.in Column 4
- Holland College Maritime Cadet Programme, July-Sept each year Column 4
- The Dame Jennifer M. Smith Performing Arts Scholarship Column 4
- Other (specify) _____

I understand that this application is incomplete and void unless all the required documents are attached and received in the office of the Department of Workforce Development by deadline date. (Please verify with a check mark by each item).

	1	2	3	4
1. Programme of study/Course Description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Letter of Acceptance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Personal Statement (500 words stating why you selected your programme of study)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Resume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Official Grade Transcripts (from last institution of study)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Proof that applicant is registered as a Bermudian <i>official letter from Immigration, passport with 'registered as a Bermudian stamp' or Voter ID card. Only the items listed above will be accepted and must be brought to office for copying. No photocopies will be accepted.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Confidentiality Waiver (issued by Department of Workforce Development)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Two written references (from school teacher, employer, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Sponsor Letter (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Credit bank reference for education from your banking institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Medical Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Completed Department of Workforce Development Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Permit

Short course funding or TVET

Department of Workforce Development-funded Apprenticeship

Department of Workforce Development-funded students going abroad/NTVT

ALL LATE AND INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Print Name _____

Signature _____ Date _____

**DEPARTMENT OF WORKFORCE DEVELOPMENT
APPLICATION FOR FUNDING AWARD
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

INFORMATION CONCERNING THE APPLICANT

Social Insurance No. _____

1. Applicant Name: _____

DoB: _____ Age: _____ Gender: M/F: _____ Ethnicity: _____

Do you possess dual citizenship? Yes No

If yes, please specify _____

Permanent Address

House Name/Apt #/ _____

Street: _____

Parish: _____ Postal Code: _____

Tel. Contact: Home _____ Mobile _____

Email: _____

Mailing Address

House Name/Apt #/P.O. Box: _____

Street: _____

Parish: _____ Postal Code: _____

Citizenship: _____

Number of dependants _____

Parent/Guardian/Spouse Contact Information

Name: _____

Address: _____

Telephone _____

Email: _____

INFORMATION CONCERNING THE APPLICANT WHILE OVERSEAS

1. *Overseas Address*

House Name/Apt #/P.O. Box: _____

Street: _____

City: _____ State: _____ Zip Code _____

2. *Applicant Overseas Contact Information:*

Home: _____

Mobile: _____

Overseas: _____

E-mail Local: _____

E-mail Overseas: _____

3. *Employment Details*

Position held: _____

Employer: _____

Employer Contact: _____

Telephone: _____

E-mail: _____

4. *Last Educational Institution attended*

1. High School/College/University (circle as appropriate) N/A _____

City _____ Country _____

From _____ to _____

Educational qualifications achieved (BSSC, GED, etc.):

INFORMATION CONCERNING THE COLLEGE AND PROGRAMME OF STUDY

Name of College/University _____

Address of College/University Business Office: _____

Name of Business Manager: _____

Telephone: _____ Fax: _____ E-mail: _____

Student Identification Number (if known): _____

Programme of Study: _____

Total Programme Credit Hours: _____

PLEASE NOTE THAT WE DO NOT SUPPORT ON-LINE TECHNICAL EDUCATION.

DECLARATION OF OTHER AWARDS

Have you received funding from NTB previously? Yes No

If yes, have you supplied the NTB with a completion certificate (i.e. degree, certification, diploma)? Yes No

Have you applied for or do you intend to apply for any other scholarships or awards? Yes No

If yes, state award _____ and the amount: \$ _____

Are you currently in receipt of any other scholarships or awards? Yes No

If yes, state award _____ and the amount: \$ _____

How did you find out about the Department of Workforce Development?

- Through CITV
- Department of Workforce Development Website
- Employer
- I was referred by a person or agent. Please specify who _____
- Through my school. Please specify which school _____
- Other. Please specify _____

***INFORMATION CONCERNING FINANCES (not applicable to sponsored trainees)**

Source of Support		Expenses (One Year)	
Personal savings (to be used towards schooling)	\$ _____	Tuition	\$ _____
Family Contributions	\$ _____	Fee	\$ _____
Government (e.g. Dept of WD)	\$ _____	Books/Tools	\$ _____
Private	\$ _____	Room/Board	\$ _____
Other Awards	\$ _____	Loans/Personal Expenses	\$ _____
Total	\$ _____	Total	\$ _____

I understand that all Awards are contingent upon full time enrollment in a minimum of 12 semester hours on the school campus with a maintained minimum GPA of 2.7 or a B- equivalent. I also understand that failure to meet the conditions of funding during the first two consecutive semesters voids the remainder of this offer. Students who drop a course may be liable for the expenses incurred. Award money credited to the payment of dropped courses may be removed and the student may be billed for any cost incurred if the course is dropped after the deadline for receiving a full refund. The terms and conditions of such award will be outlined in an Award letter if application is successful.

***This is a mandatory field, failure to complete this section may result in your application being denied.**

Print Name _____

Applicant Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE – For office use only.

Application: Approved Not Approved (Please circle accordingly)

If not approved, please give reason: _____

Authorised Signature

Date

Authorised Signature

Date



Security Vetting Request Form

Please note that once this information is submitted, the results will not be made available to the applicant.

This form is to be completed by all applicants (please print). **PROVIDE COPY OF PASSPORT OR DRIVER'S LICENCE WITH REQUEST FORM.**

Mr. Mrs. Miss (please check appropriate title)

Full name:

Last Name

First Name

Middle Name(s)

Name at birth: _____

Last Name

First Name

Middle Name(s)

If applicable, date of name change: _____
dd/mm/yy

Place and date of birth: _____
City State Country dd/mm/yy

Nationality at birth: _____ Present nationality: _____

Social Insurance/Security number: _____

Passport number: _____

Present home address: _____

Present telephone number: _____
(h) (c) (w)

Home addresses over the past 10 years, including dates:

Signature of Applicant: _____