



CARIBBEAN NAZARENE COLLEGE EDUCATIONAL SCHOLARSHIP FORM

EMPLOYEE INFORMATION

Date

Requested: _____

Employee Name: _____

Employee Number: _____

E-Mail Address: _____

Phone/Extension: _____

REQUEST DETAILS

Name of Programme: _____

University/School name/details: _____

Duration of Program: _____

Cost per module: _____

Total Cost: _____

Amount requested (\$) : _____

(Please attach any invoices)

Were you ever a recipient of any previous scholarships? Yes No

If you indicated yes, please indicate the amount received and the name of the program (Attach any documents you may have to support program completion).

Type of Funding Requested:

Auditing a Course Tuition Reduction– CNC Tuition Reduction – Other Institutions

Tuition waiver Full Scholarship Partial Scholarship

Explain in details how this programme benefits your career pursuits

Explain in details how this programme assists with your current job performance

Employee's Signature: _____

Supervisor's Signature: _____

HR's Signature: _____

ACCOUNTS

Request Approved: Yes No

Amount awarded (\$): _____

Allowance balance for the year: _____

Bursar's Signature: _____

