CARIBBEAN ASSOCIATION OF BANKS INC.
UWI Scholarship Application Form

Deadline to apply for scholarship: 22nd July 2024

About the Caribbean Association of Banks Inc.

Caribbean Association of Banks Inc. *is* a community of banks and other financial institutions in the Caribbean/CARICOM Region, whose mission is to advance the interest of member institutions through advocacy, networking, provision of training, and other solutions to strengthen the Caribbean financial services sector.

CAB currently represents 81 members comprising General, Service, and Associate. The CAB serves as a valuable source of information through publications, seminars and conferences. CAB ensures that members stay up to date on legislative, regulatory and market developments that influence or impact the future of the banking and financial services industry.

CAB provides industry-relevant information, educational and training support, and effective advocacy to support members with the efficient and effective operation of their respective Institutions.

CAB's scholarship programme provides an avenue to a comprehensive course of study of general banking and management subjects, especially designed for those banking and financial institution professionals who wish to enhance their knowledge or advance their career options.

Please note: This scholarship is for members of the Caribbean Association of Banks

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This application must be completed and submitted via email, accompanied by an up-to-date curriculum vitae and supporting documents, including a written recommendation from your manager / supervisor / HR lead / CEO, no later than the date indicated on page 1 for consideration.

Please scan all the required documents, as outlined, in a SINGLE PDF file labelled with your first and last name and emailed to cab@candw.lc.

Course Title:	**BSc Banking and Finance**
Employee Name:	
Financial Services Institution:	
Country:	
No. Years Full-Time Service:	
Current Job Title:	
Work Address:	
• Email:	
• Phone:	
Home Address:	
• Phone:	
Date of the course:	

How the course will benefit me (200 words):	
Applicant Signature:	Date:

Recommending Manager Name:		
Position:	Signature:	Date:
Approved by Chief Executive Officer:		
Name:	Signature:	Date:

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Please familiarize yourself with the **Terms & Conditions**, which must be signed by successful applicants.

Permission
If chosen, I give my permission to include my name in any publications announcing scholarship recipients.

Statement
To the best of my knowledge, the information provided above is true and correct.

Award
Nominees will be notified of the decision no later than 9th August 2024

Applicant Signature: Date:

For Internal Use Only

Committee Approval:		
Name	Signature:	Date:
Name	Signature:	Date:
Name	Signature:	Date:
Name	Signature:	Date: