



# Financial Services Authority Professional Scholarship Application Form

Please select the course that you are applying for:

- Certificate  
 Advance Certificate  
 Specialist certificate

Name of the course:

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## Details of Applicant

1. Surname: .....

2. First Name(s): .....

3. Date of Birth (dd/mm/yyyy):

4. Nationality: .....

5. Gender: M  F

6. N.I.N:

7. Address: .....

8. Telephone Number: ..... 9. Email Address: .....

**Educational Record**

10. Please state your highest academic qualification(s) and attach copies of certificates and transcripts

Name of Institution	Year	Course	Score

**Employment Record**

11. Name of Organisation: .....

12. Post title: .....

13. Contact details of employer: .....

14. Summary of main responsibilities: .....

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**Personal Statement**

15. Please describe why you have applied for the FSA Professional Scholarship Initiative, how this scholarship will help you achieve your personal goals, career aspirations and contribute to the Non-Bank Financial Services industry in Seychelles and why you wish to pursue this field of study. (Use additional page if required)

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**Declaration of Applicant**

I declare that the information I have provided on this application form is true and accurate to the best of my knowledge.

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Signature of Applicant

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Date of Signature

Documents to submit with your application:

- Copy of National Identity Card
- Updated Curriculum Vitae
- Academic transcripts