







Partnership Initiative for Sustainable Land Management (PISLM) in collaboration with the University of the West Indies

## APPLICATION FOR THE CSIDS SOILCARE - UWI POSTGRADUATE SCHOLARSHIPS 2023-2026

INSTRUCTIONS TO APPLICANTS: This completed and signed application form and your supporting documents are to be submitted via email to info@pislmsids.org				
documents are to be submitted via email to mio@pismisids.org				
Name of Applicant	Student I.D. Number (if UWI Student)			
(Surname) <b>BLOCK LETTERS</b> (First Names) (Middle Name)				
Mr.   Ms.   Other:	□ Male □ Female			
Mailing Address:				
Date of Birth: Telephone contact/s:				
Email(s):	☐ Full-time ☐ Part-time			
Faculty in which you are registered:				
Department Date of	of First Registration:			
Degree (Please tick): M.Phil. $\square$ Ph.D. $\square$ Title of Degree:				
UNDERGRADUATE DEGREE				
Name of University:				
Degree and Major:	Date of Award:			
Class of Degree or GPA:				
GRADUATE DEGREE				
Name of University:				
Degree and Title: Date of Av	Title: Date of Award:			
Field of Research/Title of Thesis:				









ARE YOU EMPLOYED?	Yes 🗆	No 🗆	If yes, please provide details:
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List of Publications if applicab	le (Attach	an additi	ional page if necessary):
			THIS DEGREE PROGRAMME: (Attach additional pages if necessary)  1/resources/documents/postgrad/Research Proposal Format.docx
DECLARATION OF APPLIC I certify that the information s University of the West Indies a	stated abo	ve is com	rect and I declare that I am willing to abide by the Regulations of The
Applicant's Name (CAPITAL l	LETTERS	5)	
Applicant's Signature			Date