



MINISTRY FOR GOZO

St. Francis Square, Victoria, Gozo

**APPLICATION FOR THE GRANT PAYABLE TO GOZO RESIDENT STUDENTS FOLLOWING  
FULL-TIME COURSES IN MALTA**

[ACADEMIC YEAR \_\_\_\_\_]

**Information Protected** - Personal information provided in this application form is protected and used in accordance with the provisions of the Data Protection Act (Chapter 440 of the Laws of Malta). This form will be retained for a period of 5 years.

**APPLICANT DETAILS**

NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

IDENTITY CARD NO: \_\_\_\_\_ CONTACT NO: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

IBAN: \_\_\_\_\_

**COURSE DETAILS**

INSTITUTION: \_\_\_\_\_

FACULTY: \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

COURSE DURATION: \_\_\_\_\_ YEAR: \_\_\_\_\_

\_\_\_\_\_

**Director Customer Services  
Ministry for Gozo**

As a student ordinarily resident in Gozo and attending a full-time course in Malta at the University of Malta/ MCAST/ Institute of Tourism Studies/ Other\* \_\_\_\_\_ (delete as applicable), I would like to apply for the grant provided by the Ministry for Gozo. **I confirm that I have followed my secondary education and/or my post-secondary education in Gozo and am attaching herewith a school leaving certificate as confirmation to this effect** (only applicable for the first application). I declare that the information given above is true and correct. Moreover, I bind myself to inform the Customer Services Directorate within the Ministry for Gozo immediately, if for any reason the conditions upon which the grant is being approved change, withdrawal from the course being one of these reasons.

**Applicant's Signature** \_\_\_\_\_

\* Students approved under MGSS should indicate the academic institution they attend

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**Certification by Head of Department (or equivalent)**

I certify that Mr. /Ms. \_\_\_\_\_ is attending (*name of course*)

\_\_\_\_\_ on a full -time basis at (*name of Faculty & Institution*) \_\_\_\_\_

\_\_\_\_\_  
NAME (in block capitals)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
POSITION WITHIN INSTITUTION

\_\_\_\_\_  
RUBBER STAMP

\_\_\_\_\_  
DATE

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**Notes:**

- i)** This application should be submitted to the Officer i/c Subsidies at the Customer Services Directorate within the Ministry for Gozo by the end of October of the academic year indicated on the Application Form.
- ii)** Payments of €400 will be effected for each of the following quarters: October – December; January - March; and April – June in three separate instalments. It is the responsibility of the Applicant to inform the Ministry for Gozo if the conditions upon which the grant is being approved change for any reason. Action may be taken against those students who do not adhere to this condition.
- iii)** The Ministry for Gozo reserves the right to confirm any details provided in the Application Form with the relevant institution and to reject the application for grant if it is confirmed that the information provided is fraudulent.
- iv)** The school leaving certificate is only required when presenting the first application form. There will be no need to present this certificate again in subsequent application forms which you will be requested to complete annually until the completion of the course.