



**ACB MORTGAGE & TRUST SECONDARY SCHOOL SCHOLARSHIP
PROGRAMME**

APPLICATION FORM

APPLICANT'S PERSONAL DETAILS

Name: _____

Address: _____

Telephone No.: _____ Email Address: _____

Date of Birth: _____ (dd, mm, yy) Male: ____ Female: ____

Citizenship: _____

(Proof must be submitted- copy of birth certificate / passport)

EDUCATIONAL INFORMATION

School you previously attended: _____

Percentage averages during 6th Grade:

First Term: _____ Second Term: _____ Third Term: _____

Briefly explain why the scholarship should be awarded to you:

Activities:

Identify any school, church, organizations or community activities in which you have participated and/or lead while in Primary School:

Identify any special recognition/awards/honors you have received while in Primary School:

THIS SECTION MUST BE FILLED OUT BY YOUR PARENT/GUARDIAN:

Parent/Guardian's Name: _____

Address: _____

Telephone No.: _____ Email Address: _____

Please complete the attached **Financial Needs Declaration Form**.

REFERENCES:

You are required to submit two sealed letters of reference- at least one preferably from a past teacher, if available.

STATEMENT:

The information provided in this application is, to the best of our knowledge, complete and accurate, and we understand that false statements on this application may disqualify the applicant from the scholarship.

Applicant's Signature

Parent/Guardian's Signature

Date _____

IMPORTANT

This application form along with supporting documents must be submitted in a sealed envelope and addressed to the following address on or before June 30th, 2023.

**Secondary School Scholarship & Education Committee
Legal/ Secretariat Department
3rd floor
ACB Caribbean
Thames & St. Mary's Streets
St. John's Antigua.
Attention: Legal Counsel/ Corporate Secretary**

ACB MORTGAGE & TRUST SECONDARY SCHOOL SCHOLARSHIP PROGRAMME

FINANCIAL NEEDS DECLARATION FORM (A SUPPLEMENT TO THE ATTACHED APPLICATION FORM)

THIS FORM MUST BE COMPLETED BY PARENT / GUARDIAN OF THE APPLICANT

Name of Applicant: _____

Relationship to Applicant: Parent [] Guardian []

Name of Parent/ Guardian: _____

Address: _____

Telephone No.: _____ Email Address: _____

Male: _____ Female: _____

Age: _____

PERSONAL INFORMATION

Are you: _____ Married _____ Single
 _____ Separated _____ Divorced
 _____ Common-law

If married or common-law selected, name of spouse: _____

Apart from the Applicant, do you have any dependent children (under the age of 18 years)?:

_____ Yes Provide age(s) of dependent (s):

_____ No

EMPLOYMENT STATUS

Are you: _____ Employed (Full time: ___ Part-time: ___) _____ Self Employed
_____ Unemployed _____ Retired

Employment status of spouse:

_____ Employed (Full time: ___ Part-time: ___) _____ Self Employed
_____ Unemployed _____ Retired

Provide details of your employment status below and spouse (if married/common-law selected) if applicable:

LIVING ARRANGEMENTS

Select the statement that best describes your current living arrangements:

_____ I live in my/our own house – Mortgaged? Yes _____ No _____

_____ I live in rented premises

_____ I live in family owned premises

_____ Other (Please describe) _____

FINANCIAL STATUS INFORMATION

My/Our (if married/common-law) annual gross income/ earnings falls within the following range (EC\$):

_____ \$0 to \$36,000

_____ \$36,001 to \$ 52,000

_____ \$52,001 to \$84,000

_____ \$84,001 and above

My/Our (if married/common-law) annual expenses fall within the following range (EC\$):

_____ \$0 to \$36,000

_____ \$36,001 to \$ 52,000

_____ \$52,001 to \$84,000

_____ \$84,001 and above

To support the financial needs criteria to be considered for this Scholarship, please provide further details on your current financial position:

SPECIAL CIRCUMSTANCES

If there are any special circumstances which cause an unusual financial burden (eg. disabled or elderly family members etc.), please provide details below, where applicable

DECLARATION OF INTEGRITY

I certify that the answers to all questions and statements provided in this Form are complete, true and accurate. I further certify that the Applicant resides with me/us at the residence indicated in this form. I further understand that any misrepresentation or purposeful omission will invalidate this Scholarship Application and disqualify the Applicant from consideration.

Parent / Guardian's Signature: _____

Date: _____