

TERTIARY EDUCATION LEVEL

EXAMINING BODY: CAMBRIDGE/ CAPE	SUBJECT	YEAR	GRADE

OTHER CERTIFICATES, DEGREES, DIPLOMAS

EXTRA CIRCULAR ACTIVITY INVOLVEMENT

WORK EXPERIENCE
(Please list most recent first)

EMPLOYER'S NAME	TYPE OF ORGANIZATION (GOVERNMENT, PRIVATE ETC.)	ADDRESS	POSITION HELD	PERIOD WORKED

COURSE INFORMATION

Name & Address of University/College/Institution you are currently enrolled:

1. What degree are you pursuing? _____
2. Field of Study: _____

3. Date of Commencement of Course: _____
4. Date of Expected Completion of course: _____
5. Career Choice: _____
6. Accumulated GPA to date: _____

COST OF STUDY	EC\$
Economic Costs	
Tuition	
Boarding/ Lodge	
Books, Supplies, Equipment	
Other Fees	
Total	

FUNDING	EC\$
Personal	
Family	
Other Scholarship/Awards*	
Other	
Total	

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

*Provide brief particulars of other Scholarships/Awards include, and duration:

TRANSCRIPT

Include your official transcript with this application.

ESSAY

Attach an essay (two (2) typewritten, double spaced pages) that outlines your educational objectives, career goals, and how your course of choice and the scholarship will help you attain your goals. Please also give your reasons for choosing the course of study and how it will benefit Antigua & Barbuda.

REFERENCES

Submit two (2) letters of references—at least one academic, furnished by a faculty member.

DECLARATION BY APPLICANT

I CERTIFY that the statements made by me in this form are true, complete and correct to the best of my knowledge, information and belief. If awarded the scholarship, I am willing to sign a Bond to return to Antigua and Barbuda to work for at least two (2) years and to seek the Bank's permission prior to any change in my present course of study.

DATE: _____ DD/MM/YY

NAME: _____

SIGNATURE: _____

IMPORTANT

1. This form does not guarantee selection for any scholarship.
2. Copies of academic qualifications must be included.
3. Copy of Birth Certificate and Valid Government Photo ID (Antiguan and Barbudan Passport preferred)

The Application Form together with all supporting documents must be submitted in a sealed envelope marked Personal & confidential and addressed to:

**Louis H. Lockhart Scholarship Application
ATTN: Legal/Secretariat Department
3rd floor
ACB Caribbean
Thames & St. Mary's
Streets St. John's,
Antigua**

**LOUIS H. LOCKHART SCHOLARSHIP
FINANCIAL NEEDS DECLARATION FORM
(A SUPPLEMENT TO THE ATTACHED APPLICATION FORM)**

Name of Applicant: _____

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: _____

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 (if married / common law):

_____ 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:

If you are unemployed and/or financially dependent on another person (eg. parent/ guardian), provide details of employment status of your benefactor / third party financial support:

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\$). Note: **if unemployed**, please provide the financial information, if known, for your benefactor / third party financial support:

_____ \$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\$). **Note: if unemployed**, please provide the financial information, if known, for your benefactor / third party financial support:

_____ \$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 understand that any misrepresentation or purposeful omission will invalidate this Scholarship Application and disqualify me from consideration.

Signature: _____

Date: _____