

THE ANTIGUA & BARBUDA BURSARY APPLICATION

ACADEMIC YEAR 2017-2018

Please complete the following Bursary application

The Ada Moore Bursary Application

(Full-time college studies)

Have you previously received a grant from another Bursary Program? Yes____ No____

Bursary Program _____

Date(s) Received _____

SECTION A: GENERAL INFORMATION

Family Name _____ First Name _____

S.I.N.*: _____

Address: Street: _____

City: _____

Postal Code: _____

Telephone #: () _____ Home

() _____ Work

() _____ Cell

() _____ Fax

_____ E-mail

College you are attending/plan to attend: _____

College Program: _____

Expected Date of Graduation: _____

SECTION B: INCOME SOURCES

Actual **Estimate**
2017-2018 2017-2018

EDUCATION INCOME (for example scholarships, bursaries, grants, RESP's or Loans)

| | | | |
|--------------|------------------|-------|-------|
| Source _____ | Amount Received | _____ | _____ |
| Source _____ | Amount. Received | _____ | _____ |

EMPLOYMENT INCOME

Summer Job

| | | | | |
|-----------------|-----------------|-------|-----------------|-------|
| Employer: _____ | Amount Received | _____ | Amount Received | _____ |
|-----------------|-----------------|-------|-----------------|-------|

Academic year part-time

| | | | | |
|-----------------|-----------------|-------|-------|-------|
| Employer: _____ | Amount Received | _____ | _____ | _____ |
|-----------------|-----------------|-------|-------|-------|

INVESTMENT INCOME: _____

TOTAL INCOME _____

PARENTAL / OTHER CONTRIBUTION IF APPLICABLE (EX: LODGING, FOOD, CLOTHING, ETC.)

Amounts: _____

SECTION C: Check List

- | | | |
|----------------------------|------------|----------|
| Completed application form | Check List | Yes ____ |
| Cover letter | Check List | Yes ____ |
| Curriculum vitae | Check List | Yes ____ |

- | | | |
|--------------------------|------------|----------------|
| | Check List | Date requested |
| Official Transcript | Yes ____ | _____ |
| Letters of reference (2) | Yes ____ | _____ |
| | Yes ____ | _____ |

CERTIFICATION

I certify that the foregoing information is correct and complete.

Signature: _____ Date: _____