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: _____

To qualify for the Scholarship, the Applicant must be Antiguan and Barbudan by birth
(Proof must be submitted- copy of a birth certificate/passport)

EDUCATIONAL INFORMATION

School you previously attended: ____________________________________________

Your 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 indicate how awarding your child the ACB Mortgage & Trust Secondary School Scholarship will provide some financial aid to you:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
REFERENCES:

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

NOTE: All Applicants are required to sit the School entrance exams, as required and must gain successful entry to the Secondary School of choice.

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 April 30, 2019.

Secondary School Scholarship Screening Committee
Legal/ Secretariat Department
3rd floor
Antigua Commercial Bank
Thames & St. Mary’s Streets
St. John’s, Antigua.
Attention: Legal Counsel/ Corporate Secretary