

FORM OF APPLICATION FINANCIAL ASSISTANCE UWI/ACC

PHOTOGRAPHS

Write your full name on the back of a recent photograph passport size and staple secure here. Your application will be deemed incomplete if photo is omitted.

Each candidate must complete two copies of this form to be either typewritten or written legibly in ink. Completed applications should be submitted in duplicate by 28 February of each year. Other documents to be submitted with the two forms are:

- (i) Two recent passport size photographs one staple to each form in the space provided above.
- (ii) Certified copies of documents evidencing qualifications.
- (iii) One certified copy of your birth certificate or evidence of date of birth.
- (iv) Letter of acceptance from Academic Institution (if any).
- (v) The Institution's fee structure.
- (vi) Transcript of academic references from Secondary School (or any higher Institution).
- (vii) Applicant's Financial Statement.
- (viii) Projections for financing the course.

PERSONAL DETAILS

1.	(a) NAME IN FULL (block capitals)		
	(b) SEX (c) TITLE (Mr, Mrs, Miss, Ms, etc.)		
2.	NATIONALITY /BELONGER STATUS		
3.	NUMBER OF YEARS IN AGUILLA PUBLIC SERVICE		
4.	PLACE AND DATE OF BIRTH		
5.	RELIGION		
6.	FAMILY		
	(a) Single or married		
	(b) Number of children if any with ages		
7.	ADDRESS (for correspondence about this application) (block capitals)		
8.	ADDRESS OF PERMANENT RESIDENCE (if not the same as 6) (block capitals)		
9.	(a) TELEPHONE NUMBER (b) EMAIL ADDRESS		

(c) FAX			
10. INCOME			
- 11 WILLIEAVEW	ITH OR WITHOUT PAY	DE CDANTED?	
	RECORD (set out in chron		
12. EDUCATIONAL	KECOKE (Set out in chron	nological order)	
Educational Institution Final Secondary Stage	Place & Country	Years attended From To	Degrees, Diplomas or certificates gained (with classes of honours, etc.)
Higher Education			
give particulars and dat	n examination or to complet e when result expected.	e a qualification before ta	king up the scholarship,
	CE (List positions held beg		
Name of Employer	Job Title	Da t Fro	tes (Months/Year) m To
14. PREVIOUS TRA	INING AWARDS (give de	tails)	
Programme	Date	Institution	n

15. NAME(S) OF PARENTS/SPOUSE ------

16.	16. ADDRESS OF PARENTS/SPOUSE			
17.	FAMILY'S INCOME			
CO	IIDCE DETAILC			
<u>CO</u>	<u>URSE DETAILS</u>			
18.	NAME AND ADDRES	SS OF EDUCATIONAL	INSTITUTION	
19.	COURSE OF STUDY	7		
17.	COCKSE OF STODE			
20.	LEVEL OF TRAININ	IG (e.g. Certificate, Dipl	oma, Degree, etc.)	
21		DSE		
			ONAL INSTITUTION (A	ccepted / Pending /
	Deferred) (Delete as no	ecessary)		
23. IF YOU HAVE <u>NOT YET STARTED</u> THE COURSE, G		OURSE, GIVE PROPOSE	ED STARTING	
	DATE			
24	IF VOIT <i>HAVE STAR</i>	TED THE COURSE CU	VE THE NUMBER OF Y	FADC
	COMPLETED			
	5. LIST SUBJECTS TO BE TAKEN IN EACH ACADEMIC YEAR OR ATTACH A COPY OF COURSE OUTLINE.			
	YEAR 1	YEAR 2	YEAR 3	YEAR 4
	ILAKI	I LAN 2	I LAN J	I EAN 4
	ĺ			

YEAR 1	YEAR 2	YEAR 3	YEAR 4

26. PROPOSED FUTURE OCCUPATION			
<u>FI</u>	NANCIAI	L DETAILS	
27.	FULL CO	OST OF COURSE:	: TUITION
28.	STUI	DENTS PAY	30%
	GOV	ERNMENT PAY	70%
<u>LE</u>	GAL DE	<u>TAILS</u>	
29.	BONDS		
	(a)	Have you been prev	viously bonded? No Yes
	(b)	Have the terms of t	the bond been completed? No Yes
30.	COMMIT	TING TO WORK	SIGN A BOND BEFORE UNDERTAKING STUDIES K IN ANGUILLA (WHETHER PUBLIC OR PRIVATE ION OF YOUR COURSE OF STUDY?
31.		AND ADDRESSES	S OF SURETIES FOR BONDING PURPOSES.
	(i)		
			Tel#Cell#
			Email
	(ii)		
			Tel#
			Cell# Email
SIC	GNED		(Applicant)
DA	TE		

Note: Completion of this application form does not guarantee availability of Training Funds. Incomplete applications will not be eligible for consideration.

Department of Public Administration James Ronald Webster Bldg. P.O Box 60 The Valley Anguilla Tel: 264-497-8041 Ext 2506 Fax: 264-497-2751/5878 Website: www.gov.ai

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