Government of Antigua and Barbuda FINANCE ADMINISTRATION ACT: National Student Loan Fund Regulations-2008

-		
	Please attach a	
	recent photo of	
I	you.	
L		



2014 APPLICATION FORM

INSTRUCTIONS: -

Each candidate **must complete one (1) copy of this form**, which is to be either typewritten or hand written legibly in **BLUE OR BLACK** ink.

Please note this form should be accompanied by a receipt for \$50.00 paid to Royal Bank of Canada. All sections of this form must be completed in full and submitted no later than May 07, 2014 by 12:00 noon. The following documents must be submitted with each application form.

DOCUMENTS:

- i. Recent Passport-sized photo (to be attached to the form in the space provided)
- ii. Certified copy of photo page and date of expiration page of Passport
- iii. **Certified** copy of your birth certificate
- iv. A certified copy of academic certificate/diploma/ degree
- A letter of acceptance from the Institution to which you have applied (Applicants may submit the completed application form without the acceptance letter to ensure he/she meets the deadline of May 07, 2014. However, the acceptance letter from the University must be submitted by June 27, 2014. If already in the Institution, progress report or transcript must be supplied)
- vi. Statement from applicant and parent (guardian) regarding other sources of funding
- vii. Rationale for undertaking course of study
- viii. Detailed breakdown of cost of study from University

Please Note the Following:

- In preparing your rationale, please outline your plan of Study stating particularly how your training will allow you to contribute to the development of Antigua and Barbuda. In addition, please give your reasons for choosing this course of study. (Use a separate sheet).
- The statement regarding funding sources must clearly outline plans to supplement any loan amount received from the NSLF. Documentation, including bank statement, supporting this plan should also be provided.
 Please note that there is no guarantee that the amount requested will be the actual loan amount granted. (Use a separate sheet).
- A. GENERAL INFORMATION:
- 1. a) Name in full (block capitals)

First	Middle	Last
b) Gender M F	c) Marital Status	

2. Nationality

Government of Antigua and Barbuda FINANCE ADMINISTRATION ACT: National Student Loan Fund Regulations-2008

3.a) Date of Birth	DD/MM/YYYY	b) Age (at last Birtl	nday)
c) Country of Birth _			
4. Mailing Address			
Physical Address _			
5. Telephone number(s) Home	/	Mobile
6. Email Address			
7. Occupation of Applic	ant		
8. Name, Address and t	telephone number of Applican	t's Employer	
9. Work Phone		Fax	
10. Social Security # _		Medical Benefits #	
11. Name of Parent/Gu	uardian		
12. Occupation of Pare	nt/Guardian		
13. Name, Address and	d telephone number of Parent/	'Guardian's Employer	

Government of Antigua and Barbuda

FINANCE ADMINISTRATION ACT: National Student Loan Fund Regulations-2008

B. APPLICANT'S QUALIFICATIONS:

14	. Ent	Enter Information Below					
	Secondary/High School Educational Institution	Exam Board	Subject	Grade	Year		
[

15.

Higher Educational Institution	Certificate	Diploma	Degree	Year

16. Other

C. COURSE INFORMATION:

17. Name and address of University/College/Institution you will attend

Tel:____

18. For what Degree or similar qualification do you intend to study?

19. Subject or Field of Study

Major

Minor

Government of Antigua and Barbuda FINANCE ADMINISTRATION ACT: National Student Loan Fund Regulations-2008

20. Please Select Appropriate	Mode of Study:	
Overseas - On Campus	Distance Learning/Online Programme	Part-Time: Local Institution
21. Duration of Course (in year	s)	
22. Date of Commencement or	f Course DD/MM	
23. Expected Date of Completi	on of CourseDD/MM	1/YYYY
24. Estimated Annual Cost of C		
25. Intended Career		
D. LOAN DETAILS (in EC Dollars	s)	
26. Loan Amount Requested (I	max. \$50,000.00)	
27. Number of Years to Repay	Loan (max. 10 yrs)	
28. Repayment option - Please	e select one of the following:	
Interest and Principal F	Payments will commence immediately.	
Please indicate in the space be	elow the name and number of the person who wi	ill make payments on your behalf
Interest Payments will	be made immediately.	
Please indicate in the space be	elow the name and number of the person who wi	ill make payments on your behalf

29. Surety No. 1

Name	
Date of Birth	
Nationality	
Full Address	
Telephone numbers	
Email Address	
Occupation	
Name of Employer	
Address of Employer	
Employer Telephone	
Assets held by Surety	
Liabilities of Surety	

Surety No. 2

Name	
Date of Birth	
Nationality	
Full Address	
Telephone numbers	
Email Address	
Occupation	
Name of Employer	
Address of Employer	
Employer Telephone	
Assets held by Surety	
Liabilities of Surety	

E. OTHER FUNDING: (in EC dollars)

30. Parental Contribution			
31. Own Contribution			
32. Other Sources of Funding:			
a) Funding Source (s)			
b) Amount			
33. Have you received Grant from Board of Education?	Yes	No	
If Yes, please indicate year Grant was received		IM/YYYY	
DEADLINE FOR SUBMITTING THIS APPLICATION FOR	M IS WEDN	ESDAY. 07 TH MAY. 20)14. 12:00 NO

5

ON

Government of Antigua and Barbuda	
FINANCE ADMINISTRATION ACT: National Student Loan Fund Regulat	ions-2008

34. Have you applied for/received any other Scholarship/Financial Aid?

If Yes, please indicate amount EC\$_____ and year received_____

No

35. STUDENT BUDGET FORM: RELATED TO COURSE ONLY

	Year 1	Year 2	Year 3	Year 4
Income	EC\$	EC\$	EC\$	EC\$
Self				
Parents				
Other Financial Aid				
Loans (Excluding NSLF)				
TOTAL INCOME				
Expenses	EC\$	EC\$	EC\$	EC\$
Rent				
Utilities - Water - Cable - Internet - Phone	a de la constante de la consta			
Food				
Transportation - Car Insurance - Gas - Public Transit				
Tuition				
Books		2		
Childcare		0		
Entertainment				
Other				
Total Expenses	EC\$			
Excess/(Shortfall) [Income - Expenses]	EC\$			
TOTAL SHORTFALL	EC\$			
TOTAL AMOUNT REQUESTED FROM NSLF (Maximum of \$50,000.00)	EC\$			

F. HOUSEHOLD INFORMATION

36. Please provide the names, age, gender, occupation, telephone number and relation of all persons living in your household.

NAME	AGE	GENDER (M/F)	RELATIONSHIP TO YOU	OCCUPATION	TELEPHONE

37. Does anyone living in your household have a disability?

38. If Yes, please state the nature of the disability _

DECLARATION BY APPLICANT

I declare that the statements contained in this application are, to the best of my knowledge, true and accurate. I authorize the administrators of the National Student Loan Fund to seek verification of the information provided for the purposes of determining whether to approve this application. If awarded a loan, I am willing to sign a student loan agreement and a bond.

Signature of Applicant: ____

Date:

DD/MM/YYYY

Please deliver one (1) copy of this form with supporting documents to:

National Student Loan Fund Secretariat Ministry of Finance, the Economy and Public Administration Parliament Drive St. John's Antigua W.I.

	1111	5 SPACE	FUR C	PFFICIAL	USE ON	I L Y	
							S
JTHORIZED SIGNATU	RES:	37					
JTHORIZED SIGNATU	IRES:						
	IRES:				Date: _		
JTHORIZED SIGNATU	IRES:				Date: _	DD/MM	1/YYYY
	IRES:				Date: _	DD/MN	1/YYYY