



2017 APPLICATION FORM

INSTRUCTIONS:

Each candidate must complete one (1) copy of this form either electronically, 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 Eastern Caribbean Amalgamated Bank (ECAB) into account 102000818.

All sections of this form must be completed in full and submitted no later than April 27 2017 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
- v. 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 April 27 2017 However, the acceptance letter from the University must be submitted by July 28 2017 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 granting of the National Student Loan fund (No more than 200 words)
- viii. Detailed breakdown of cost of study from University
- ix. Passport and job letter of Surety

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

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

2. a) Nationality

2. b) Passport No.

3. a) Date of Birth
DD/MM/YYYY

b) Age (at last Birthday)

c) Country of Birth

4. Mailing Address

Physical Address

5. Telephone number(s)
Home

Mobile

6. Email Address

7. Occupation of Applicant

8. Name, Address and telephone number of Applicant's Employer

9. Work Phone Fax

10. Name of Parent/Guardian

11. Occupation of Parent/Guardian

12. Name, Address and telephone number of Parent/Guardian's

B. APPLICANT'S QUALIFICATIONS:

13. Enter Information Below

Secondary/High School Educational Institution	Exam Board	Subject	Grade	Year

14.

Higher Educational Institution	Certificate	Diploma	Degree	Year

15. Other

C. COURSE INFORMATION:

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

Tel:

17. For what Degree or similar qualification do you intend to study? *(Cert., Dipl., Assoc., B.A., B.Sc., M.B.A., M.Sc., Ph.D.)*

18. Subject or Field of Study

Major Minor

19. Please Select Appropriate Mode of Study:

Overseas- On Campus Distance Learning/Online Programme Part-time: Local Institution

20. Duration of Course (in years)

21. Date of Commencement of Course
DD/MM/YYYY

22. Expected Date of Completion of Course
DD/MM/YYYY

23. Estimated Annual Cost of Course (EC\$)

24. Intended Career

D. LOAN DETAILS (in EC Dollars)

25. Loan Amount Requested (max. \$50,000.00)

26. Number of Years to Repay Loan (max. 10 yrs.)

27. Repayment option - Please select one of the following:

Interest and Principal Payments will commence immediately.

Please indicate in the space below the name and number of the person who will make payments on your behalf:

Cell:

Home:

Work:

Interest Payments will be made immediately

Please indicate in the space below the name and number of the person who will make payments on your behalf:

Cell:

Home:

Work:

28. 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)

29. Parental Contribution

30. Own Contribution

31. Other Sources of Funding:

a) Funding Source (s)

b) Amount

32. Have you received a Grant from Board of Education? Yes No

If Yes, please indicate year Grant was received

DD/MM/YYYY

33. Have you applied for/received any other Scholarship/Financial Aid? Yes No Pending

If Yes, please indicate amount EC\$ and year received

Funding Source

34. STUDENT BUDGET FORM: RELATED TO COURSE ONLY

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

F. HOUSEHOLD INFORMATION

35. 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

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

Yes

No

37. 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. I understand that if I fail to pay or honor the conditions of loan and bond agreement that the committee may take legal action to recover all outstanding amounts.

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 and Corporate Governance
Parliament Drive
St. John's
Antigua W.I.

THIS SPACE FOR OFFICIAL USE ONLY

Approved

Not Approved

AUTHORIZED SIGNATURES:

Chairperson: _____

Date: _____

DD/MM/YYYY

Secretary: _____

Date: _____

DD/MM/YYYY