



SCHOLARSHIP PROGRAMME

APPLICATION FOR SCHOLARSHIP

I. PERSONAL INFORMATION

Name: _____
Last First Middle Maiden

Date of Birth: DD MM YYYY

National Insurance Number: _____

Marital Status: Single Married Widowed Divorced

Address: _____
Street City P.O. Box Email

Telephone Contacts: Home (242) Work (242) Cell (242)

Place of Birth: _____ **Nationality:** _____

Have you ever been convicted of a crime? Yes No

If yes, please explain:

2. EDUCATION

Secondary School

School: _____ **When:** _____

Graduate: Yes No **Standard Attained:** _____

Achievements: (No. of BGCSEs) _____

Subjects & Grades:

1.	_____	_____	2.	_____	_____
3.	_____	_____	4.	_____	_____
5.	_____	_____	6.	_____	_____

Subjects & Grades *cont'ds* 7. _____
8. _____

8. _____
10. _____

Post-Secondary School (University of The Bahamas)

Are you currently enrolled at The University of The Bahamas? Yes No

Full-Time Student: Yes No **Enrollment Year:** _____ **Current Cumulative GPA:** _____

Class Level: Sophomore Junior Senior

Major: Actuarial Science Nursing Business Marketing Information Technology (Programming)

Other: _____

If not currently enrolled, prospective enrollment date: (Year and Major): _____

Other Training/Designations

School/Organization: _____ **When:** _____

Graduate: Yes No **Standard Attained:** _____

Achievements: _____

Do you plan to continue your education after university? Yes No

If yes, when: _____ **Course/Degree:** _____

3. FINANCIAL INFORMATION

Scholarships/Financial Aid

Are you receiving other financial aid or support for the upcoming academic year? Yes No

If yes, please name: _____

Have you applied for or have other Scholarships? Yes No

If yes, please state: _____

Have you applied for Financial Aid? Yes No

4. OTHER ACTIVITIES

Are you a member of:

Any Service Club? Yes No ***If yes, please provide list:***

1. _____
2. _____
3. _____

I CERTIFY THAT THE ANSWERS GIVEN IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I ACKNOWLEDGE THAT MY COMPLETED APPLICATION AND DOCUMENTS WILL BE SHARED WITH MEMBERS OF THE SCHOLARSHIP COMMITTEE DURING THE REVIEW PROCESS. I UNDERSTAND THAT IN THE EVENT OF BEING SUCCESSFULLY CHOSEN FOR AN APPLICATION, ANY MISREPRESENTATION OR OMISSION OF FACTS IN THIS APPLICATION OR INTERVIEW(S) IS CAUSE FOR THE IMMEDIATE TERMINATION OF THE SCHOLARSHIP WITH A REQUIREMENT TO REPAY THE SCHOLARSHIP FUNDS PREVIOUSLY PROVIDED. I FURTHER UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY OFFER OF SCHOLARSHIP CONSTITUTES A CONTRACT UNLESS FAMGUARD AND I EXECUTE A WRITTEN AGREEMENT TO THAT EFFECT. I FURTHER UNDERSTAND THE ELIGIBILITY FOR RECEIPT OF A SCHOLARSHIP* AND THE DOCUMENTS I WILL BE REQUIRED TO SUBMIT WITH MY APPLICATION**.

I CONFIRM THAT I AM COMMITTED TO PURSUING A CAREER IN THE FIELD OF INSURANCE AND UNDERSTAND THAT I WILL BE REQUIRED TO WORK FOR FAMGUARD CORPORATION OR ONE OF ITS SUBSIDIARIES UPON THE COMPLETION OF MY STUDIES FOR A PERIOD OF TWO YEARS.

Signature of Applicant

Print Name

Date