

AMERICAN CARIBBEAN MARITIME FOUNDATION SCHOLARSHIP APPLICATION FORM
CARIBBEAN MARITIME UNIVERSITY



Read carefully and complete all sections of this form as applicable
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Please send completed application with all documentation to: executivedirector@acmfdn.org
Copy to Keisha Walker, Deputy Registrar CMU scholarships@cmu.edu.jm

SECTION A – CONTACT INFORMATION

1. Name: _____
First Middle Surname
2. Sex: M F 3. Age: _____ 4. Date of Birth: ____ / ____ / ____
DD MM YYYY
5. Country of birth _____ International student
6. Parish of Birth: _____
7. Address: _____

8. Mailing Address (If Different from above): _____

9. Home Number: _____ 8. Cell Number: _____
10. Email Address: _____

SECTION B – DETAILS OF PROGRAM

1. Faculty: _____
2. Select One: Freshman Sophomore Junior Senior
3. Have you previously been awarded any scholarship or bursary etc., in connection to your present course of study? Yes No Please, supply details:

4. How are you currently being supported with your university expenses?
Student Loan Boarding Grant Parental Support Employed Other
Please explain (include how much you receive each term; duration of support, etc.)

5. Name of your employer _____
6. Position _____ From _____ To _____
7. Number of hours per week that you work: _____

SECTION C—YOUR EDUCATION (INCLUDING TRAINING COURSES)

Please give details of your undergraduate qualifications including Honors and attach copies of Transcripts giving subject details and results. Eligible applicants must have a minimum of a cumulative **GPA of 3.0**.

Qualification	Level of Honors Obtained	Institution/University & Location	Duration of Study	Completed Yes/No

SECTION D—EXTRACURRICULAR ACTIVITIES (Leadership & Volunteerism)

1. List any leadership positions or offices held during your educational/or professional career:

2. List any clubs or societies that you have been a member of during your educational/or professional career:

3. Have you participated in community/voluntary service? Yes No
 If yes, what kind of assistance did you provide and when? Date: _____/_____/_____
DD MM YYYY

Please provide detail:

SECTION E—PERSONAL/FAMILY

1. Are you a parent? Yes No 2. Are you a custodial parent? Yes No
 3. Does your child(ren) live with you? Yes No

SECTION F—REFERENCES

Please give the names of two (2) references: from a CMU professor; and from a person with whom you have worked, or community leader.

1) Name: _____

Position: _____ Institution: _____

Tel: _____ Email: _____

2) Name: _____

Position: _____ Institution: _____

Tel: _____ Email: _____
