

	<p style="text-align: center;">CARIBBEAN MARITIME UNIVERSITY</p> <p style="text-align: center;">AMERICAN CARIBBEAN MARITIME FOUNDATION SCHOLARSHIP APPLICATION</p> <p style="text-align: center;"><i>THE SCHOLARSHIP IS AVAILABLE ONLY TO FULL TIME STUDENTS WHO HAVE BEEN ACCEPTED TO THE CARIBBEAN MARITIME UNIVERSITY.</i></p> <p style="text-align: center;">DEADLINE FOR SUBMISSION: APRIL 30</p>	
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**A COMPLETED APPLICATION MUST BE SUBMITTED TO BOTH CMU AT KWALKER@CMU.EDU.JM
AND ACMF AT EXECUTIVEDIRECTOR@ACMFDN.ORG**

PLEASE EITHER TYPE ON THIS FORM OR COMPLETE IN BLOCK LETTERS

I AM APPLYING FOR () SCHOLARSHIP

1. Personal Details:

Surname: _____ Christian Name(s): _____

Title: Mr. _____ Mrs. _____ Ms. _____ Sex: Male _____ Female _____

Date of Birth: Day _____ Month _____ Year _____ Nationality: _____

PASSPORT#: _____ COUNTRY OF PERMANENT RESIDENCE: _____

SEAMAN'S RECORD BOOK#: _____ DATE OF EXPIRY: _____

Mailing Address: _____

Home Tel #: _____ Mobile #: _____ E-mail: _____

Next of Kin: _____

Relationship to you: _____ Mobile # _____

Faculty of Admission: _____
(Please attach acceptance letter)

Degree Programme: _____

Expected date of graduation: _____

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2. Employment Details (if applicable):

Present Company/Employer (Name): _____

Occupation/Title: _____

Work Address: _____

Supervisor's Tel#: _____ E-mail: _____

3. How is your tuition funded currently (government, family, self, other)?

4. Are you applying for other financial assistance or scholarships/bursaries apart from this award? If yes, please provide details:

5. Are you currently the recipient of any financial assistance or scholarships, bursaries, government tuition or otherwise:

6. In no more than 300 words, explain why you deserve an ACMF Scholarship. Include your financial circumstances, and any information to help explain your financial situation.

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7. Use a separate sheet of paper for this narrative. It must be attached and submitted with the completed application form and other supporting documents. Typed narrative is recommended.

8. Declaration:

I declare that the information on this application is correct and complete. I acknowledge the right of this Institution right to **cancel** this application if the information contained in it has been misrepresented.

Applicant's signature: _____ Date: _____

MEDICAL DECLARATION

Please check Yes or No to the following:

	Yes	No
Are you in possession of a current Medical Certificate?		
Do you have a disability that ACMF should be aware of?		
Are you suffering from any of the following?		
1. Shortness of breath, chest complaints, eg. Bronchitis or asthma		
2. Previous heart complaints/surgery, Angina		
3. Convulsions (Fits), Dizziness, Fainting		
4. Any problem with mobility		
5. Any significant disease, infection, eg. Diabetes, Ear Infection, etc.		
6. Are you taking any medication, pills, injections which may affect your participation in classes, practicals		
7. Do you feel unwell at the moment		

I do declare that to the best of my knowledge, the answers to the above questions are honest and correct.

Signature: _____ **Date:** _____

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Check list of documents

In order to expedite your application, please ensure that the following checklist is complete prior to submission of the application.

NOTE: ALL documents must be submitted in a single email to the ACMF. Incomplete applications will not be considered:

- 1) Application. All relevant sections must be filled in.
- 2) Two (2) letters of reference, other than family members, displaying a stamp or letterhead.
- 3) Copy of passport picture page (if you possess a passport)
- 4) Passport size photo
- 5) Copy of Faculty Acceptance Letter
- 6) Copy of official academic transcript from CMU