



MATPAL MARINE INSTITUTE INC.

AMERICAN CARIBBEAN MARITIME FOUNDATION SCHOLARSHIP APPLICATION

**THE SCHOLARSHIP IS AVAILABLE ONLY TO FULL TIME STUDENTS
WHO HAVE BEEN ACCEPTED TO MATPAL.**

DEADLINE FOR SUBMISSION: APRIL 30



**A COMPLETED APPLICATION MUST BE SUBMITTED TO BOTH MATPAL AT
CABRAMS@MATPALMARINE.COM AND TO AMCF AT EXECUTIVEDIRECTOR@ACMFDN.ORG**

☐

ACCEPTED TO MATPAL MARINE DECK CADET PROGRAMME

Please attach copy of your acceptance letter.

☐

ACCEPTED TO MATPAL MARINE ENGINEERING CADET PROGRAMME

Please attach copy of your acceptance letter.

☐

OTHER : _____

Please attach copy of your acceptance letter.

Picture

Course Duration: _____ Day/ _____ Month/ to _____ Day/ _____ Month/ 20____

Expected Date of Graduation: _____

PLEASE EITHER TYPE ON THIS FORM OR COMPLETE IN BLOCK LETTERS

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/DISCHARGE BOOK#: _____ DATE OF EXPIRY: _____

SEA TIME: (YES) / (NO) DURATION: _____

Mailing Address: _____

Telephone #: _____ E-mail: _____



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Next of Kin: _____

Telephone Number: _____

2. Employment Details (If applicable):

Present Company/Employer (Name): _____

Occupation/Title: _____

Work Address: _____

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

3. Explain why you deserve an ACMF Scholarship. Include your financial circumstances, and any information to help explain your financial situation.

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

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

6. 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 one)
- 4) Passport size photo
- 5) Copy of Matpal acceptance letter
- 6) Copy of your official academic transcript from Matpal (for current students)