

UNIVERSITY OF TRINIDAD AND TOBAGO



AMERICAN CARIBBEAN MARITIME FOUNDATION SCHOLARSHIP APPLICATION

THE SCHOLARSHIP IS AVAILABLE ONLY TO FULL TIME STUDENTS WHO HAVE BEEN ACCEPTED TO UNIVERSITY OF TRINIDAD AND TOBAGO.

DEADLINE FOR SUBMISSION: APRIL 30

A COMPLETED APPLICATION <u>MUST</u> BE SUBMITTED TO BOTH UTT AT <u>VIVIAN.R-PARASMAM@UTT.EDU.TT</u> AND <u>ANDREA.BRACHE@UTT.EDU.TT</u> AND TO AMCF AT <u>EXECUTIVEDIRECTOR@ACMFDN.ORG</u>

PLEASE EITHER TYPE ON THIS FORM OR COMPLETE IN BLOCK LETTERS

I A	I AM APPLYING FOR () SCHOLARSHIP	
1.	1. PERSONAL INFORMATION:	
	Surname: Christian Name(s):	
	Title: Mr Mrs Ms Sex: Male Fema	ale
	Date of Birth: DayMonthYear Nationality:	
	PASSPORT#: Country of Permanent Residence:	
	SEAMAN'S RECORD BOOK#: DATE OF EXPIRY:	
	Mailing Address:	
	Home Telephone #: Mobile #:	
	E-mail:	
	Next of Kin:	
	Relationship to you: Mobile #	
2.	2. ACADEMIC INFORMATION	
	a. I am enrolled at UTT() My GPA	
	b. I have been accepted at UTT/Start Date (Please attach acceptance letter)	

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	Faculty of Admission:
	Programme of Study:
	Expected date of graduation:
3.	EMPLOYMENT INFORMATION (if applicable):
	Present Company/Employer (Name):
	Occupation/Title:
	Work Address:
	Telephone #: E-mail:
4.	FINANCIAL INFORMATION
	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. Are you currently the recipient of any financial assistance or scholarships/ bursaries/ government tuition or otherwise?



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7. 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.

This narrative must be attached and submitted with the completed application form and other supporting documents. Types 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:

	Ye	No
	s	
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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INSTRUCTIONS/CHECKLIST 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/attached 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 UTT acceptance letter
- 6) Copy of your official academic transcript from UTT (for current students)