

ABIC EDUCATION AWARDS

REMINDER

Please ensure that your application includes ALL of the enclosures that apply to you (Items 1-8 for Undergraduate & Items 1-10 for Post Graduate). Failure to do so will result in your application not being processed (no exceptions).

Suggestion: Double check the enclosures using the check list below and make copies for your own files.

NOTE: Application forms and contents will not be returned.

1. Academic qualification: ORIGINAL transcripts from ALL schools attended from high school onwards (including the recently completed FALL semester)
Please note that we will not accept copies of transcripts (including online copies). Transcripts must be sent either directly from the institution or enclosed with you application in a sealed envelope.
2. Proof of Bermudian or Permanent Resident Certificate (PRC) status
3. A letter of recommendation
4. Certificate/letter of acceptance by college/university to be attended
5. Documentation from the university supporting ALL fees which you will be required to pay (e.g. taking into account the true fees if you possess dual Canadian citizenship and are studying in Canada, or are a British Independent Territory Citizen studying in the UK).
6. Statement of income and expenditure - completed Financial Disclosure portion of application (including evidence of savings for Post Graduate applicants)
7. Supporting letters from employers verifying income for all wage earners in household
8. TWO written submissions (see Part Two - 19. & 20.)
9. Copy of Bachelors Degree (Post Graduate applicants)
10. Resumé (Post Graduate applicants)

MAIL TO:

ABIC Education Awards
c/o Chamber of Commerce
P.O. Box HM 655
Hamilton HM CX
Tel: 441-295-8932

Email: info@abic.bm or flines@bcc.bm

DEADLINE DATE FOR APPLICATION IS TUESDAY, APRIL 13TH, 2010

SECURE BERMUDA'S FUTURE, INVEST IN EDUCATION



ABIC EDUCATION AWARDS

2010 APPLICATION FORM

Type of Award: UNDERGRADUATE PROGRAM POST GRADUATE PROGRAM

All information contained herein will be kept in the strictest confidence.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Note: Awards available to any student who has Bermudian or PRC status or where Bermudian status is expected within 12 months of the award. Please provide proof of status.

PART ONE – PERSONAL DATA

1. Applicant’s full name: _____

2. (a) Date and place of birth: _____

(b) Please list citizenship(s): _____

(c) Do you have Bermudian Status? no yes

If **no**, is it expected within 12 months? no yes OR Do you have PRC status? no yes

(d) Home address: _____

(e) Home telephone: _____ Cell phone: _____ Email address: _____

3. Have you applied for an ICEA/ABICEA Scholarship before? no yes If yes, which year: _____

4. Have you previously been awarded an ICEA/ABICEA Scholarship? no yes If yes, which year: _____

5. How did you hear about the scholarship?: Youth News School Presentation Royal Gazette ad Radio
 Guidance Counselor/Teacher Other _____

6. Are you still receiving support from your parents/guardian? no yes

If **no**, then go to question 7a. If **yes**, please answer questions 7b & 7c.

7. (a) Applicant’s occupation and work number: _____

(b) Father/Guardian’s occupation and work number: _____ (w) _____ (c) _____

(c) Mother/Guardian’s occupation and work number: _____ (w) _____ (c) _____

8. Name of other dependents living in the household (e.g. siblings, grandparents, other family members)

NAME AGE RELATIONSHIP TO APPLICANT

10. Schools attended: (Please provide original transcripts)

Secondary Schools: _____ G.P.A. _____ From: _____ To: _____

Secondary Schools: _____ G.P.A. _____ From: _____ To: _____

College/University: _____ G.P.A. _____ From: _____ To: _____

College/University: _____ G.P.A. _____ From: _____ To: _____

11. Involvement in Extracurricular Activities: (i.e. sports/fine arts/community work/club membership etc.)

12. Work Experience: Please provide the name of companies worked for, positions held and period of employment.

NOTE: *Post Graduate: Applicants must have at least two consecutive years of work experience post university graduation. A resumé should accompany this application.*

13. References: Please provide the names and addresses of two Bermudian residents who have known you personally for 3 years and who will provide references.

i) _____

ii) _____

NOTE: *A Letter of Reference from one of these should accompany this application.*

PART TWO – EDUCATION PLANS

14. Name, address and telephone number of College/University attending during the upcoming year:

15. Address, telephone number and e-mail address of student at College/University:

16. Proposed course of study and future career interests: (full title of course required)

17. Financing: How do you anticipate financing the educational costs for the university year commencing September 2010 (e.g. Government loans, family savings etc.)

NOTE: *The ABIC Undergraduate scholarship is \$15,000 per year for up to two (2) years.
ABIC Post graduate scholarship is \$20,000 per year for up to two (2) years.*

18. (a) Details of any other Scholarships, Education Grants, Awards, or student loans applied for:

(b) Details including dates of any other Scholarships, Education Grants, Awards, or student loans received:

19. In no more than 300 words, describe what you believe to be the importance of international business in Bermuda and your career plans for the future (typed or handwritten).

20. In no more than 100 words, explain why you believe you should be chosen as an Award Scholar (typed or handwritten).

21. **Disclosure Statement:** I hereby understand and agree that I am obligated to disclose the details and financial value of ALL scholarships, awards, or bursaries that I receive within seven days of accepting such an award. I further understand and agree that, as ABIC Scholarships are awarded on the basis of financial need, I may be required to forfeit this award if there are any substantial changes to my financial status (including the acceptance of other scholarships, awards, or bursaries).

*I/We confirm that we have read and understand the conditions of the ABIC Scholarship Program:
If a scholarship award is not utilized in accordance with the letter of acceptance accompanying this application, the scholarship offer will be withdrawn and all funds will have to be returned. An appeal may be made for reinstatement of the scholarship if/when a new commencement date can be confirmed.*

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____

PART THREE – FINANCIAL DISCLOSURE

PARENT/GUARDIAN'S CONFIDENTIAL FINANCIAL STATEMENT*

(*To be completed by applicant if self-supporting)

PLEASE FILL IN EVERY LINE. INDICATE Ø WHERE NOT APPLICABLE.

INCOME STATEMENT

GROSS ANNUAL INCOME	\$	ANNUAL EXPENSES	\$
Wage Earner 1:		Mortgage: _____	
Name: _____		Rent: _____	
Relationship to Applicant: _____		Land Tax: _____	
Wage Earner 2:		Insurance: _____	
Name: _____		Car: _____	
Relationship to Applicant: _____		Life: _____	
Student:		Medical: _____	
Part-time/Summer Employment: _____		Property: _____	
Other Income (specify): _____		Loans /Installment: _____	
Bonus: _____		Credit Card: _____	
Rental Income: _____		Utilities: _____	
Pension: _____		Electricity: _____	
		Telephone: _____	
		Other Utilities: _____	
		Miscellaneous: _____	
TOTAL HOUSEHOLD INCOME: _____		TOTAL EXPENSES: _____	

Please provide letters from employers verifying income.

Describe briefly in an attached letter any other family or personal circumstances, if any, which influence the ability to meet the applicant's educational expenses (eg. illness, unemployment, disability, etc.)

STATEMENT OF NET WORTH

ASSETS (OWN)	\$	LIABILITIES:	\$
Home: _____		Mortgage: _____	
Real Estate: _____		Personal Loans: _____	
Automobile: _____		Credit Cards: _____	
Savings: _____		Other debts (specify): _____	
Investments: _____			
Stocks/Mutual Funds: _____			
TOTAL ASSETS: _____		TOTAL LIABILITIES: _____	

STUDENT'S STATEMENT OF EXPENSES

INCOME	\$	EXPENSES	\$
Savings Plans: _____		Tuition: _____	
Scholarships: _____		Fees: _____	
Awards: _____		Housing (Room & Board): _____	
Family Assistance: _____		Meals/Food: _____	
Personal Contribution: _____		Travel/Transportation: _____	
		Books/Supplies: _____	
		Other (specify): _____	
TOTAL INCOME: _____		TOTAL EXPENSES: _____	

Please provide support for university expenses, e.g. a letter from university, tuition/fee page from website.

I/We hereby declare that the information provided herein is true and complete and that no information is omitted in relation to any of the items describing my/our income and expenses and that I understand that, should the information provided be found incorrect, any financial assistance may be withdrawn. Failure to make a full and accurate disclosure will invalidate this application.

Print Name _____

Date _____ Signature _____

MAIL TO: ABIC Education Awards, c/o Chamber of Commerce, P.O. Box HM 655, Hamilton HM CX
Tel: 441-295-8932 • Email: info@abic.bm or flines@bcc.bm

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