



Mount Saint Agnes Academy Through Faith and Learning

CONFIDENTIAL

To ensure prudent and fair allocation of the limited funds available for Bursary Awards, the School seeks your cooperation in providing complete and accurate information.

Bursary Application Form

Email copies may be sent to garaujo@msa.bm or hard copies delivered to the Business Office to the attention of Mrs. Gloria Araujo (Business Manager) and marked "Private & Confidential".

ACADEMIC YEAR: \_\_\_\_\_

PART I: APPLICANT INFORMATION:

Parent(s)/Guardian applying for Financial Aid

Last Name: \_\_\_\_\_ First Names: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Names: \_\_\_\_\_

Application made on behalf of the following student(s) for the \_\_\_\_\_ academic year:

Last Name: \_\_\_\_\_ First Names: \_\_\_\_\_ Grade: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Religion: \_\_\_\_\_ Church: \_\_\_\_\_

Does parent(s)/guardian or student(s) assist in the mass? \_\_\_\_\_

Frequency of attendance: Regularly ( ) Infrequently ( ) Holidays only ( ) Do not attend ( )

**PART II: PARENT/GUARDIAN INFORMATION:**

**A. FATHER/STEPFATHER/MALE GUARDIAN INFORMATION**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Telephone # (H) \_\_\_\_\_ (w) \_\_\_\_\_ (C) \_\_\_\_\_ Email \_\_\_\_\_

Occupation: \_\_\_\_\_

Employed by: \_\_\_\_\_ Part time ( ) Full Time ( ) Years of Service \_\_\_\_\_

Employer telephone #: \_\_\_\_\_ Contact Name: \_\_\_\_\_

If less than 2 years with current employer, previous employer:

Employed by: \_\_\_\_\_ Part time ( ) Full Time ( ) Years of Service \_\_\_\_\_

**B. MOTHER/STEPMOTHER/FEMALE GUARDIAN INFORMATION**

Name:

Home Address: \_\_\_\_\_

\_\_\_\_\_

Telephone # (H) \_\_\_\_\_ (w) \_\_\_\_\_ (C) \_\_\_\_\_ Email \_\_\_\_\_

Occupation: \_\_\_\_\_

Employed by: \_\_\_\_\_ Part time ( ) Full Time ( ) Years of Service \_\_\_\_\_

Employer telephone #: \_\_\_\_\_ Contact Name: \_\_\_\_\_

If less than 2 years with current employer, previous employer:

Employed by: \_\_\_\_\_ Part time ( ) Full Time ( ) Years of Service \_\_\_\_\_

**PART II: PARENT/GUARDIAN INFORMATION (cont....):**

**C. Marital Status:**

Married ( )

Father deceased ( )

Mother deceased ( )

(check all that apply)

Parents divorced ( )

Parents separated ( )

Single parent ( )

Who is responsible for the payment of school fees: (check all that apply)

Father/Mother jointly ( ) 100%

OR:

Father ( ) \_\_\_\_\_%

Stepfather ( ) \_\_\_\_\_%

Male guardian ( ) \_\_\_\_\_%

Mother ( ) \_\_\_\_\_%

Stepmother ( ) \_\_\_\_\_%

Female guardian ( ) \_\_\_\_\_%

Grandparent ( ) \_\_\_\_\_%

**D. Dependents** (List all household members, other than the student(s) for whom this application

is being made, who are dependents of the Parents/Guardians listed above):

<u>Full Name</u>	<u>Age</u>	<u>Relationship</u>	<u>School</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Scholarships/Aid Received

Parent Contribution

_____	_____
_____	_____
_____	_____

**F. History with MSA:** (i.e. has a sibling, parent etc. attended MSA)

\_\_\_\_\_

**PART III: BRIEF STATEMENT OUTLINING REASONS FOR REQUESTING FINANCIAL AID**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART IV: HOUSEHOLD INCOME**

	Monthly	Annual
<b>Net Salaries (take home pay)</b>		
Father/Stepfather/Male Guardian*	\$	\$
Mother/Stepmother/Female Guardian*	\$	\$
<b>Other income:</b>		
Bonus	\$	\$
Dividends/Interest	\$	\$
Overtime	\$	\$
Secondary Employment	\$	\$
Rental income	\$	\$
Child support	\$	\$
Bursary/scholarship	\$	\$
Any Other Income (explain)	\$	\$
<b>TOTAL ANNUAL HOUSEHOLD INCOME</b>		\$

\*(Please provide either a copy of recent pay advice or a letter from employer(s))

**PART V: HOUSEHOLD EXPENDITURE**

	Monthly	Annual
Rent*	\$	\$
Mortgage*	\$	\$
Loan Repayments*	\$	\$
Electricity/Gas	\$	\$
Water	\$	\$
Phone/Cell Phone	\$	\$
Cable TV	\$	\$
Vehicle Insurance	\$	\$
Vehicle License	\$	\$
Vehicle Maintenance	\$	\$
Other Insurance (Boat/Home/Life etc)	\$	\$
Charge Account Repayments	\$	\$
Credit Card Repayments	\$	\$
Donations (Church, Charities etc)	\$	\$
Membership Dues	\$	\$
Food/Groceries	\$	\$
Clothing	\$	\$
School Uniforms	\$	\$
Day Care/After School Care	\$	\$
Summer Camp	\$	\$
Extra Curricular Activities	\$	\$
Entertainment	\$	\$
Vacation/Travel	\$	\$
Gifts (Birthday, Christmas etc)	\$	\$
School Fees - Mount Saint Agnes	\$	\$
School Fees - Other	\$	\$
Medical/Dental Expenses not covered by Insurance	\$	\$
Any Other Expenses (Explain)	\$	\$
<b>TOTAL ANNUAL HOUSEHOLD EXPENSES</b>		\$

\*Please provide copies of latest mortgage/loan statement from Bank and/or letter from Landlord

**PART VI: TOTAL ANNUAL HOUSEHOLD NET INCOME (Part 4 minus Part 5)**

\$

**PART VII: CURRENT VALUE OF PARENTS' ASSETS**

Do you own your own home? ( ) Yes ( ) No

Year of Purchase \_\_\_\_\_

Purchase Price \$ \_\_\_\_\_

Unpaid principal on Mortgage \$ \_\_\_\_\_

Present Market Value \$ \_\_\_\_\_

Annual payments on Mortgage \$ \_\_\_\_\_

Do you own other property? ( ) Yes ( ) No

i.e. Land, Houses, Business premises, Overseas property etc.

Type of Property \_\_\_\_\_

Year of Purchase \_\_\_\_\_

Purchase Price \$ \_\_\_\_\_

Present Market Value \$ \_\_\_\_\_

Do you own a car? ( ) Yes ( ) No

Type of Car \_\_\_\_\_

Year of Purchase \_\_\_\_\_

Purchase Price \$ \_\_\_\_\_

Present Market Value \$ \_\_\_\_\_

Do you own a boat? ( ) Yes ( ) No

Type of Boat \_\_\_\_\_

Year of Purchase \_\_\_\_\_

Purchase Price \$ \_\_\_\_\_

Present Market Value \$ \_\_\_\_\_

Do you own any other assets? ( ) Yes ( ) No

Type of Asset(s) \_\_\_\_\_

Year of Purchase \_\_\_\_\_

Purchase Price \$ \_\_\_\_\_

Present Market Value \$ \_\_\_\_\_

Deposit/Savings Account(s) Current Balance \$ \_\_\_\_\_

Investment Account(s) Current Balance \$ \_\_\_\_\_

TOTAL ASSETS \$ \_\_\_\_\_

**PART VIII: CURRENT TOTAL OF PARENTS' LIABILITIES**

Outstanding Mortgage Balances \$ \_\_\_\_\_

Car/Boat Loans \$ \_\_\_\_\_

Other Loans (explain) \_\_\_\_\_ \$ \_\_\_\_\_

Outstanding Credit Card Balances \$ \_\_\_\_\_

Other Liabilities Type \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL LIABILITIES \$ \_\_\_\_\_

**PART IX: TRAVEL IN THE LAST TWELVE MONTHS**

Has your family taken an off island vacation? (y/n) \_\_\_\_\_

Where did you travel? \_\_\_\_\_

Did you stay with relatives/friends or did you pay for accommodations? (y/n) \_\_\_\_\_

How many family members travelled? \_\_\_\_\_

Total cost of trip: \_\_\_\_\_

Has anyone in your household travelled off island to represent Bermuda? (y/n) \_\_\_\_\_

What was the event and where did you travel? \_\_\_\_\_

Did you have to pay for travel/accomodations? (y/n) \_\_\_\_\_ Total cost (to you): \_\_\_\_\_

How many family members travelled? \_\_\_\_\_

Has anyone in your household travelled off island for medical reasons? (y/n) \_\_\_\_\_

Where did you travel? \_\_\_\_\_

Did you have to pay for travel/accomodations? (y/n) \_\_\_\_\_ Total cost (to you): \_\_\_\_\_

How many family members travelled? \_\_\_\_\_

Has anyone in your household travelled in the last 12 months for other reasons (business, education etc.)? (y/n) \_\_\_\_\_

What was the purpose of the trip(s)? \_\_\_\_\_

Where did you travel? \_\_\_\_\_

Did you have to pay for travel/accomodations? (y/n) \_\_\_\_\_ Total cost (to you): \_\_\_\_\_

How many family members travelled? \_\_\_\_\_

Do you have any travel plans for the upcoming 12 months? (y/n) \_\_\_\_\_

What is the purpose of the trip(s)? \_\_\_\_\_

Estimated total cost (to you) for the trip(s): \_\_\_\_\_



We/I understand that if we/I are/am offered a Bursary for our/my child(ren), the following terms and conditions will apply as between ourselves/myself and Mount Saint Agnes Academy (the "School"):

a) Our/my child(ren)'s fee account with the School will be credited with the amount of the Bursary for so long as the award remains in effect.

b) Any award of a Bursary is subject to annual review and we/I must complete an annual bursary form available from the School and supply all relevant supporting evidence by the return date indicated.

c) We/I will report immediately any material change in the financial position declared.

d) The Bursary may be withdrawn or reduced if:

1) We/I act or our/my child(ren) act in breach of the School's Terms and Conditions;

2) We/I fail to produce any additional information required by the School to evidence our/my financial circumstances;

3) There is either unsatisfactory work or conduct by the student(s). In the opinion of the Administration, our/my child(ren)'s attendance, progress or behaviour no longer merits the continuation of the award;

4) The School's resources are insufficient to maintain the level of the award;

5) There is a material change in our/my financial circumstances;

e) The Bursary will be withdrawn and the value of any amount of the Bursary previously credited against our/my child(ren)'s fee account will become repayable to the School forthwith if we/I have fraudulently, knowingly or recklessly provided false information in relation to the award of the Bursary.

f) We/I are financially responsible for the student(s) for whom this application is being made and confirm the accuracy of the above information, which we/I understand will be held in strict confidence and only seen by the Bursary and Finance Committees.

g) The Bursary and Finance Committees reserve the right to make an independent enquiry concerning these statements. Additional bank and/or professional references may also be required at the discretion of the Bursary and Finance Committees.

**Incomplete applications will not be processed.**

Signed \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_