



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: **2017-2018**

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 2015-2016 academic year:

Last Name: _____ First Names: _____ Grade Sept. 2017: _____

Last Name: _____ First Names: _____ Grade Sept. 2017: _____

Last Name: _____ First Names: _____ Grade Sept. 2017: _____

Last Name: _____ First Names: _____ Grade Sept. 2017: _____

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

*(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)	\$	\$
TOTAL ANNUAL HOUSEHOLD EXPENSES		\$

*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): _____

PART X: OUTLINE OF PARENT(S)/GUARDIAN(S)/FAMILY VOLUNTEER ACTIVITIES & SUPPORT AT MSA

PART XI: OUTLINE OF STUDENT'S EXTRACURRICULAR & OTHER ACTIVITIES/EFFORTS that SUPPORT MSA

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 _____