



P.O. Box 703 The Valley AI-2640, Anguilla ~ Phone: 264-235-5430 ~ email: info@omololuschool.org

2022 – 2023 SCHOLARSHIP APPLICATION

Student's Name:			
	(First)	(Middle)	(Last)
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Nationality:	
Place of Birth:		Passport Number:	
Birthdate (DD/MM/YY):		First Language:	
Grade Entering:	<input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8

Mother's/Guardian Name:	Home Phone #:
Home Address:	Cell Phone #:
Mailing Address:	PO Box Number
Nationality:	Email Address:
Occupation:	Name of Employer:
Employer's Address:	Employer's Phone #:

Father's/Guardian Name:	Home Phone:
Home Address:	Cell Phone:
Mailing Address:	PO Box Number
Nationality:	Email Address:
Occupation:	Name of Employer:
Employer's Address:	Employer's Phone #:

FAMILY REFERENCE

Parents are:	<input type="checkbox"/> married <input type="checkbox"/> living together <input type="checkbox"/> widowed <input type="checkbox"/> divorced <input type="checkbox"/> separated		
	<input type="checkbox"/> other		
Student lives with:	<input type="checkbox"/> both parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian(s)		
	<input type="checkbox"/> other		
Siblings:	Sibling #1	Sibling #2	Sibling #3
Name:			
Age:			
School:			

Student's Home Address (if different from parent/guardian):	
Student's Phone # (if different from parent/guardian):	

If you are residing temporarily or part-time on the island, please indicate your permanent address below:

Street Address:			
City:		State/Province:	
Country:		Postal/Zip Code:	
Home Telephone #:		Cell Phone #:	

STUDENT'S ACADEMIC HISTORY (please account for every year that your child has attended school):

Name & Address of School	Type of School (Pre-school, Kindergarten, Primary)	Dates Attended (From MM/YY to MM/YY)	Age	Grade Level	Language of Instruction
		-			
		-			
		-			
		-			
		-			
		-			

SPECIAL NEEDS & ASSISTANCE

Are you aware of your child having any learning or physical disabilities?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please elaborate:			
Has your child ever received any special academic, social, or emotional support (e.g. speech, language, psychological)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please elaborate:			
Is there any area in which you think your child may need extra support?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please elaborate:			
Has your child ever been asked to leave a school because of behavior?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please elaborate:			
Please state any cultural and/or religious practices that the school should be made aware of:			

I hereby certify that all the information provided in this application (including all accompanying or required documents) is correct, accurate, and complete to the best of my knowledge.

Mother's/Guardian Signature:		Date:	
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Father's/Guardian Signature:		Date:	
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Scholarship Application Checklist:

- Completed Scholarship Application
- Official Academic Records (Report Card, Transcript, etc.) for the past 3 school years
- Completed Teacher Recommendation Form
(must be emailed from the recommending teacher directly to the school: info@omololuschool.org)

2022-2023 SCHOLARSHIP APPLICATION DEADLINE
Friday, August 26th 2022