



Warwick Academy

David Horan, B.SOC.SCI., HDE., MA.
Principal

Founded 1662
117 Middle Road, warwick, PG 01 Bermuda
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FINANCIAL AID APPLICATION CONFIDENTIAL

Email copies may be sent to accounts@warwick.bm or hard copies delivered to the main office to the attention of Mrs. Mary Hazlewood

Academic Year:	
Date Submitted:	

PART I: APPLICANT INFORMATION:

Last Name:		First Name:	
Last Name:		First Name:	

Email Address for Bursary Communication	
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All household dependents that currently attend, or will be attending, Warwick Academy in upcoming year:

Last Name:	First Name:	Year Group to be entered in Sept:

Bermudian <input type="checkbox"/> Yes or <input type="checkbox"/> No

Is your child/children new to Warwick Academy <input type="checkbox"/> Yes or <input type="checkbox"/> No

If yes, where do they currently attend school?	
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PART 2: PARENT/GUARDIAN INFORMATION

FATHER/STEPFATHER/MALE GUARDIAN INFORMATION

Name:			
Home Address			
Telephone (Cell/Work)			
Email			
Occupation			
Employer			
Full Time or Part Time			
Contact Name/Contact #			
Are you WA Alumni <input type="checkbox"/> Yes or <input type="checkbox"/> No	Years attended		

MOTHER/STEPMOTHER/FEMALE GUARDIAN INFORMATION

Name:			
Home Address			
Telephone (Cell/Work)			
Email			
Occupation			
Employer			
Full Time or Part Time			
Contact Name/Contact #			
Are you WA Alumni <input type="checkbox"/> Yes or <input type="checkbox"/> No	Years attended		

MARITAL STATUS:			
Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	
Single Parent <input type="checkbox"/>	Father deceased <input type="checkbox"/>	Mother deceased <input type="checkbox"/>	

PART 2: PARENT/GUARDIAN INFORMATION

WHO IS RESPONSIBLE FOR THE PAYMENT OF SCHOOL FEES? (CHECK ALL THAT APPLY)

Father/Mother Jointly 100 %	
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OR: Indicate Percentage paid by each: (note please use decimal place eg: 100% = 1.0; 25% = 0.25)

Father	%	Stepfather	%	Male Guardian	%
Mother	%	Stepmother	%	Female Guardian	%
Grandparent	%	Other	%		

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):

Full Name	Age	Relationship	School Attending	Aid Received	Parent Contribution

Part 3: TRAVEL IN THE LAST 12 MONTHS

Has your family taken an off island vacation?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Where did you travel:	
Did you pay for accommodations?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
How many family members traveled:	
Total cost of trip:	

Has anyone in your household travelled off island to represent Bermuda?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
What was the event?	
Where did you travel?	
Did you pay for travel/accommodations? (y/n)	
How many family members traveled:	
Total cost (to you) for the trip:	

Part 3: TRAVEL IN THE LAST 12 MONTHS Continued

Has anyone in your household travelled off island for medical reasons?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Did you pay for travel/accommodations?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
How many family members traveled:	
Total cost (to you) for the trip:	
Other travel in the last 12 months (business, education etc,)	<input type="checkbox"/> Yes or <input type="checkbox"/> No
What was the purpose of the trip (s):	
Where did you travel?	
Did you pay for travel/accommodations? (y/n)	
How many family members traveled:	
Total cost (to you) for the trip:	
Do you have any travel plans for the upcoming 12 months	<input type="checkbox"/> Yes or <input type="checkbox"/> No
What was the purpose of the trip (s):	
Estimated Total cost (to you) for the trip:	

PART 4: HOUSEHOLD INCOME

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

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

PART 5: HOUSEHOLD EXPENDITURE

	Monthly	Annual
Rent*	\$	\$
Mortgage*	\$	\$
Loan Repayments*	\$	\$
Land Tax	\$	\$
Home Insurance	\$	\$
Electricity/Gas	\$	\$
Water	\$	\$
Phone/Cell Phone /Internet	\$	\$
Television Subscriptions:	\$	\$
Vehicle Insurance	\$	\$
Vehicle License	\$	\$
Vehicle Maintenance	\$	\$
Other Insurance (Boat, Life etc)	\$	\$
Credit Card Repayments	\$	\$
Donations (Church, Charities etc)	\$	\$
Membership Dues	\$	\$
Food/Groceries	\$	\$
Clothing	\$	\$
School Uniforms	\$	\$
Personal maintenance (Hairdresser etc)	\$	\$
School Fees – Warwick Academy	\$	\$
School Fees – Other	\$	\$
Day Care/After School Care/Summer Camp	\$	\$
Extra Curricular Activities	\$	\$
Entertainment	\$	\$
Vacation/Travel	\$	\$
Gifts (Birthday, Christmas etc)	\$	\$
Medical/Dental Expenses not covered by insurance	\$	\$
Any Other Expenses (explain)	\$	\$
<i>TOTAL ANNUAL HOUSEHOLD EXPENSES</i>		\$

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

PART 6: TOTAL ANNUAL HOUSEHOLD NET INCOME (Part 4 minus Part 5)

\$

PART 7: CURRENT VALUE OF PARENTS' ASSETS

	Year of Purchase	Purchase Price	Present Market Value
Do you own your own home?		\$	\$
Do you own other property? i.e. land, houses, business premises, overseas property		\$	\$
Type of Property			
Do you own a Car		\$	\$
Type of Car			
Do you own a Boat		\$	\$
Type of Boat			
			Balance
Deposit/Savings Account/s			\$
Investments			\$
Other Assets			\$
Total Assets (sum of above)			\$

PART 8: CURRENT TOTAL OF PARENTS' LIABILITIES

	Balance
Outstanding mortgage balances	\$
Car/Boat Loans	\$
Other Loans (explain)	\$
Outstanding Credit Card Balances	\$
Outstanding Balances with other educational institutions	\$
Other Liabilities (explain)	\$
Total Liabilities (sum of above)	\$

PART 9: PLEASE PROVIDE A PERSONAL STATEMENT OF WHY YOU ARE APPLYING FOR FINANCIAL ASSISTANCE:

A large, empty rectangular box with a black border, intended for the applicant to provide a personal statement.



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SIGNATURES OF PARENT/S OR GUARDIAN/S FINANCIALLY RESPONSIBLE FOR STUDENT:

I/We are financially responsible for the student(s) for whom this application is being made and confirm the accuracy of the above information, which I/we understand will be held in strict confidence and only seen by the members of the Finance Department and the Education Committee of the Board of Governors. I/We undertake to advise you of any significant changes in these financial circumstances. I/We are aware that the provision of false or incomplete information will nullify this application and prevent us from being eligible for bursary funds for the remainder of my/our child's time at Warwick Academy.

I/We further understand that bursaries are granted for ONE year only and require an annual application

Signed _____ Print name _____

Date _____

Signed _____ Print name _____

Date _____

The Education Committee of the Board of Governors reserves 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 Education Committee of the Board of Governors. Incomplete applications will not be processed.

To be completed by Warwick Academy Finance Department

Date Received:

Form Complete:

Amount Awarded:

Letter Sent: Letter signed and returned: