



**CROSSROADS CENTRE, ANTIGUA
FINANCIAL ASSISTANCE APPLICATION
P.O. Box 3592 St. John's, Antigua, West Indies
Fax: (268) 562-3278**

Thank you for your interest in Crossroads Centre, Antigua. Crossroads Foundation offers limited financial assistance to those who qualify. In order to initiate the application process please provide the requested financial documentation. We encourage you to return this completed application and supporting documentation to the Admissions office so as to make a quick determination regarding your eligibility. Only complete and signed applications will be considered. Please note that all income and liability information applies to *household income* and would include spouse or parent's income, if applicable. A person awarded financial assistance is not eligible for refund if discharged prior to completion.

Applicant Information

Name: _____ Phone # _____
Address: _____ Date of Birth _____
_____ Marital Status _____
_____ Email address: _____

The number of dependents is determined by the number of persons the applicant is financially and legally responsible for. Dependents are further defined as persons residing in the same primary residence under the age of 21, or over the age of 65 years or other such dependents that are unable to financially support themselves.

Number of Dependents _____

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

Documentation Required: Copy of applicants most recent Income Tax Return

1. Applicant's Income \$ _____
Income from other household members \$ _____
TOTAL HOUSEHOLD INCOME: \$ _____

(Determined by the total net income of the **household**).

Documentation required: Copy of most recent Income Tax Return or other proof of income, i.e. payroll stub, disability or pension documentation.

2. Home Equity: Do you own _____, or rent _____? (If you own or have a mortgage on your primary residence the equity of the home will be determine by the value of the home minus the mortgage owing on the home.)

Value of your home \$ _____
Minus (-)
Mortgage owing? \$ _____
Equals (=)
Home equity \$ _____

Documentation Required: Documentation re: the value of the home and documentation of remaining mortgage.

3. Net Assets: Net assets will be determined by the market value of all cash, investment properties, antiques, inheritances, currently owned by the applicant and if married, the spouse.

Please include all assets including: checking and savings accounts, money markets, stocks and bonds and real estate. If you need more space combine accounts.

Checking Account Balance \$ _____
Savings Account Balance \$ _____
401k \$ _____
CDs \$ _____
Stocks \$ _____
Bonds \$ _____
Real Estate (other
than primary
residence) \$ _____
Other _____ \$ _____
Other _____ \$ _____
Other _____ \$ _____
Other _____ \$ _____
Total Assets \$ _____

Documentation Required: Copies of the applicant's current monthly bank statement, documentation re: other investments, property etc.

3. Applicant Liabilities

Please list all bank loans, student loans, credit card balances, finance companies and credit unions. Also include alimony, child support and separation agreements.

Bank Loans (excluding mortgage)	\$ _____
Credit Card	\$ _____
Credit Card	\$ _____
Credit Card	\$ _____
Child Support	\$ _____
Other _____	\$ _____
Other _____	\$ _____

Total Liabilities \$ _____

Documentation Required: Bankruptcy documentation if appropriate, copy of last month’s credit card bills, and court-order for child support/alimony.

I _____ (please print name) declare that the information contained in this application for financial aid at Crossroads Centre, Antigua is both accurate and complete. I acknowledge that persons awarded financial assistance are not eligible for refund if discharged prior to completion.

_____ (Signature) Dated _____

***All approved applicants must sign a Scholarship Provisional Agreement as proof of their acceptance of the financial assistance.**

If financially assisted by a third party in making payments, please have said person sign below confirming their acknowledgment and agreement to the financial assistance conditions.

_____ (Signature) Dated _____

_____ (Name)

Please return your completed application to:

Admissions Department
Crossroads Centre, Antigua
P.O. Box 3592
St. John’s, Antigua West Indies
Fax: 1-268-562-3278
888-452-0091 toll free