APPLICATION FORM

Application Deadline: August 21st, 2026
Submit form to gamechangers@ecabank.com

Our future, Our bank

ecab
EASTERN CARIBBEAN AMALGAMATED BANK

GAME CHANGERS SCHOLARSHIP

DATE:

NAME:

ADDRESS:

CONTACT NUMBER:

EMAIL ADDRESS:

DATE OF BIRTH:

NATIONALITY:

If you are a permanent resident of Antigua & Barbuda, please indicate when permanent residency was granted.

EDUCATIONAL INSTITUTION:

MAJOR:

SPORTS PROGRAMME:

DURATION OF YOUR DEGREE AND INTENDED START DATE:

TOTAL CREDITS REQUIRED FOR GRADUATION:

EXPECTED GRADUATION DATE:

ALTERNATIVE SOURCE(S) OF FUNDING

Please submit the below along with your application form:

- Copy of Government issued photo ID (passport preffered)
- Copy of Academic Transcripts
- Copy of Partial Scholarship Acceptance Letter
- Proof of Antigua & Barbuda Permanent Residency if not an Antiguan Citizen
- Write a 500-word essay explaining why you should be the recipient of the ECAB Game Changers Scholarship

NOTE: Applicants must disclose other means of funding the remainder of their studies.

ACADEMIC QUALIFICATIONS

OTHER CERTIFICATES, DEGREES, DIPLOMAS:

EXTRACURRICULAR ACTIVITY INVOLVEMENT:

DECLARATION BY APPLICANT

I declare that all information provided in this application is true and accurate to the best of my knowledge and belief. I understand that providing false information may result in the denial of this scholarship and may have other consequences, including legal penalties.
I agree to abide by all terms and conditions of this scholarship, including but not limited to maintaining my academic standing.

DATE: DD/MM/YY

NAME:

SIGNATURE:

IMPORTANT INFORMATION

1. This application does not guarantee selection for the ECAB Game Changers Scholarship.
2. Copies of academic qualifications and College/University Partial Scholarship Acceptance Letter must be included.
3. Provide a copy of valid Government Photo ID (Passport preffered)
4. Proof of Antigua & Barbuda Permanent Residency if not an Antiguan Citizen.
5. Submit a 500-word essay explaining why you should be the recipient of the ECAB Game Changers Scholarship.
6. ECAB reserves the right to use the name and/or image of scholarship recipients in the promotion of the scholarship.
7. Your Application Form together with all supporting documents must be sent together via email to gamechangers@ecabank.com by August 21st, 2026 by 4 p.m.
8. Applicants must disclose other means of funding the remainder of their studies.

GUARANTOR FORM

Section 1: Applicant Information

Full Name of Applicant:

Address:

Contact Number:

Email:

Section 2: Guarantor Information

I, the undersigned, hereby agree to act as guarantor for the above-named applicant for the purpose of the ECAB Game Changers Scholarship.

Full Name of Guarantor:

Relationship to Applicant:

Date of Birth:

Residential Address (must be in Antigua & Barbuda):

Telephone Number:

Email Address:

Place of Employment:

Occupation/Job Title:

Employer's Address:

Length of Employment:

Work Telephone:

Section 3: Eligibility Declarations (Guarantor Must Initial Each Box)

☐ Residency Requirement:

I confirm that I am a legal resident of Antigua and Barbuda.

Initials:

☐ Employment Requirement:

I confirm that I am currently employed in a stable and verifiable job.

Initials: _____

☐ No Existing Surety Obligations:

I confirm that I am not currently acting as a guarantor or surety for any other loan, credit agreement, scholarship, or financial obligation.

Initials:

GUARANTOR FORM

☐ **Financial Responsibility:**

I understand that by signing this form, I accept responsibility for any financial obligations that may arise from the applicant's scholarship terms, including repayment if required.

Initials: _____

☐ **Accuracy of Information:**

I certify that all information provided in this form is true and complete.

Initials: _____

Section 4: Guarantor Supporting Documents (Attach Copies)

The guarantor agrees to provide the following:

1. Valid government-issued ID (must show Antigua & Barbuda residency)
2. Proof of employment (e.g., job letter or recent pay slip)
3. Proof of address (utility bill or other acceptable document)

Section 5: Agreement and Signature

I, _____ (Guarantor's Name), agree to act as guarantor for _____ (Applicant's Name) under the terms of the ECAB Game Changers Scholarship. I understand the legal and financial obligations associated with this role.

Guarantor Signature: _____

Date: _____

Applicant Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Date: _____