General Instructions and Application Form

OVERVIEW OF FINANCIAL AID.
The College of The Bahamas seeks to ensure that no Bahamian student is deprived the opportunity to earn a College degree solely for financial reasons. The College seeks to achieve this goal by making available to eligible students funds from the Government of The Bahamas in the form of financial aid. *The awarding of financial aid is contingent upon available funds.*

WHAT IS FINANCIAL AID?

- Financial aid is financial assistance that The College disburses to eligible students according to a measurement of demonstrated financial need.
- All expenses related to attending The College and all financial resources available to the applicant are measured to determine the amount of aid awarded.
- Financial aid does not include academic internships or research awards or grants. These must be declared as income resources available to the applicant.
- Financial aid will not be renewed beyond 6 years of full time study for bachelor degrees or 3 years of full-time study for associate degrees.

HOW DO YOU QUALIFY FOR A RENEWAL OF FINANCIAL AID?

To be eligible, the applicant:

- Must have been previously approved for Financial Aid;
- Must be a Bahamian citizen;
- Must possess a minimum cumulative grade point average (GPA) of 2.00;
- Must not be in possession of another award which covers more than 85% of tuition and fees;
- Must be enrolled in a minimum of 12 credit hours per semester (Lyford Cay Foundation scholarship recipients must be enrolled in a minimum of 15 credit hours per semester);

The following documents must be submitted along with this application:

- Copy of most recent COB transcript (Spring or Fall semester only);
- Copy of COB bill for upcoming semester;
- Copy of updated employment letter of:
  - parent or guardian;
  - applicant;
  - applicant and spouse.

OVERVIEW OF THE RENEWAL OF FINANCIAL AID APPLICATION PROCESS.

Step 1: Complete a Renewal of Financial Aid application form.
Step 2: Submit completed application along with all required documentation to Scholarships and Financial Aid at the Oakes Field Campus or the Office of the Associate Vice President at the Northern Bahamas Campus by the stipulated deadline.

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**
SECTION 1: PERSONAL INFORMATION

1. Name: __________________________________________ First __________________________________________
   Middle __________________________________________ Maiden (If applicable) __________________________

2. Citizenship: ______________________________________

3. Marital Status: ____________________________________

4. COB Programme: __________________________________

5. COB Major: ______________________________________

6. Last Semester/Year Enrolled at COB: __________________

7. Last Semester/Year For Which You Received Financial Aid: __________________

8. Current Cumulative GPA: __________________________

9. COB E-Mail Address: ______________________________

10. Local Address: __________________________________
    House # & Street __________________________________
    P.O. Box _______________________________________
    Telephone _______________________________________

11. Permanent Address: ________________________________
    P.O. Box _______________________________________
    Island _________________________________________
    Telephone _______________________________________

12. Emergency Contact: ________________________________
    Telephone _______________________________________
    Name and Relationship ______________________________

13. I am a recipient of the following:

   Name of Award ____________________________ Amount ______________________ Length of time __________
   Name of Award ____________________________ Amount ______________________ Length of time __________
   Name of Award ____________________________ Amount ______________________ Length of time __________

14. Number of Credits Needed to Complete Programme: ______________________________

15. Anticipated Date of Graduation: ______________________________

SECTION 2: DECLARATION OF INTENT

I declare that any and all financial assistance obtained as a result of this application will be used solely for expenses related to attendance at The College of The Bahamas. I further declare that all information on this form is true and correct.

Applicant Signature __________________________________________ Date __________________________

Parent or Guardian Signature (of applicant under 18 years of age) ________________ Date __________

The College of The Bahamas reserves the right to verify all information.