THE COLLEGE OF THE BAHAMAS
Application for Need-Based Scholarship

Financial Aid Office: Oakes Field Campus
P.O. Box N-4912, Nassau, N.P., The Bahamas
TELEPHONE: (242) 302-4371 OR FACSIMILE: (242) 302-4337

Northern Bahamas Campus
P. O. Box F-4276, Freeport, Grand Bahama, The Bahamas
TELEPHONE: (242) 352-9761 OR FACSIMILE: (242) 352-6167

EMAIL: financialaid@cob.edu.bs / Website: http://www.cob.edu.bs

General Instructions and Application Form

OVERVIEW OF NEED-BASED SCHOLARSHIPS.
To ensure that no Bahamian student is denied the opportunity to earn a college degree solely on the basis of financial reasons, private donors and organizations make funds available to College of The Bahamas students to provide support for tuition and fees. Students who benefit from these scholarships are assessed on the basis of The College’s financial need criteria.

The list of private scholarships available to COB students is posted on The College’s website (www.cob.edu.bs). Interested students should review this list to see specific requirements and to determine those scholarships for which they might be eligible.

HOW DO YOU QUALIFY FOR A NEED-BASED SCHOLARSHIP?
To be eligible, the applicant must:
- be a Bahamian citizen;
- be enrolled, or plan to be enrolled, full time in an associate or bachelor degree programme at The College of The Bahamas;
- meet any additional criteria as specified by the donor of the scholarship for which they intend to apply;
- complete and submit this application with all of the required documentation by the stipulated deadline.

To remain eligible, the student must
- continue to be enrolled in a bachelor or an associate degree programme at The College of The Bahamas;
- remain in good academic standing;
- consult the Office of Scholarships and Financial Aid prior to any change in status, programme, or major;
- submit an annual thank you letter to the scholarship donor and attend the annual Meet the Students event.

FINANCIAL PLANNING.
As scholarships do not normally cover the full cost of tuition and fees, when making plans to attend COB it is important to estimate the full cost of attendance in your financial planning. A sample COB attendance budget is provided below for your convenience.

SAMPLE COB ATTENDANCE BUDGET (LOCAL TAXES, SUBSISTENCE AND HOUSING COSTS NOT INCLUDED):

<table>
<thead>
<tr>
<th></th>
<th>Estimated Annual Cost 1st &amp; 2nd years</th>
<th>Estimated Annual Cost 3rd &amp; 4th years</th>
<th>Estimated Total Cost 1-4 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and fees</td>
<td>$3,700.00 per year</td>
<td>$5,200.00 per year</td>
<td>$17,800.00</td>
</tr>
<tr>
<td>Books and supplies</td>
<td>$1,500.00 per year</td>
<td>$2,000.00 per year</td>
<td>$7,000.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$7,200.00 per year</strong></td>
<td><strong>$9,200.00 per year</strong></td>
<td><strong>$32,800.00</strong></td>
</tr>
</tbody>
</table>

OVERVIEW OF THE APPLICATION PROCESS.
Step 1: Complete a Need-Based Scholarship application form.
Step 2: Submit all required documentation to Scholarships and Financial Aid at the Oakes Field Campus or to the Office of the Associate Vice President at the Northern Bahamas Campus by the stipulated deadline.

ALL AWARDS ARE CONTINGENT UPON AVAILABLE FUNDS.
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.
### SECTION 1: PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Name:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Date of Birth: D M Y</th>
<th>Sex: Male</th>
<th>Female</th>
<th>Marital Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>D M Y</td>
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</table>

**Place of Birth:**

**Citizenship:**

**Permanent Address:**

**P.O. Box No.:**

**Island:**

**Local Address:**

**P.O. Box No.:**

**Island:**

**Personal E-mail Address:**

### COB Campus I Am Attending or Have Applied to Attend:

- Grosvenor Close Campus
- Oakes Field Campus
- Northern Bahamas Campus

**COB E-mail Address (all official correspondence will be through your COB e-mail address):**

**COB Student No.:**

### Emergency Contact Information:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
<th>Name:</th>
<th>Relationship:</th>
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</table>

**Telephone:**

**Telephone:**

### SECTION 2: ENROLMENT STATUS

**NEED-BASED SCHOLARSHIPS ARE AVAILABLE TO FULL-TIME UNDERGRADUATE COB STUDENTS ONLY.**

1. I have been accepted into a COB bachelor degree programme.  
   - YES [ ]  
   - NO [ ]

2. I have been accepted into a COB associate degree programme.  
   - YES [ ]  
   - NO [ ]

3. My programme major is:

4. My COB academic advisor is:

5. I plan to enroll in 12 or more credits in the  
   - Fall: YES [ ] / NO [ ]
   - Spring: YES [ ] / NO [ ]

6. I am the first person in my immediate family to attend college or university.  
   - YES [ ]  
   - NO [ ]

### SECTION 3: APPLICANT PROFILE

The need-based scholarship for which I am applying is:

### CAREER ASPIRATIONS

My career aspirations are:

### ACADEMIC ACHIEVEMENT
My current cumulative grade point average (GPA) is:

**EDUCATIONAL BACKGROUND** (List the last 3 schools you attended)

<table>
<thead>
<tr>
<th>Institution</th>
<th>Address</th>
<th>Dates Attended</th>
<th>Qualification Obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>From</td>
<td>To</td>
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</table>

**EXTRA-CURRICULAR ACTIVITIES**

<table>
<thead>
<tr>
<th>Position Held</th>
<th>Club/Society</th>
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</table>

**HONOURS AND AWARDS** (List the most recent honours/awards received)

<table>
<thead>
<tr>
<th>Date Awarded</th>
<th>Honour/Award</th>
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**SECTION 4: DEPENDENCY STATUS**

This section is required to determine your dependency status. Applicants must provide complete and accurate information. False declaration in this or any other section will result in the forfeiture of your financial aid.

1. I am married. [ ] YES [ ] NO
2. I turned 25 years of age before January 1 of this year. [ ] YES [ ] NO
3. I am an emancipated minor as determined by a court of law. [ ] YES [ ] NO
4. I depend on my parent(s) and or legal guardian(s) for financial support. [ ] YES [ ] NO

**SECTION 5: PARENT/GUARDIAN FINANCIAL INFORMATION**

If you answered “Yes” to question 1, 2 or 3 in Section 4, skip Section 5 and complete all sections that follow.

Dependents are required to provide the financial information of parent(s) and/or legal guardian(s). Your parent(s) and/or your legal guardian(s) are expected to make a contribution to the cost of your education as calculated by a percentage of total household income.

All information must be accurate and must be accompanied by verification documents as listed in the application checklist. Your responses will determine the amount of funding your family is required to contribute towards your COB expenses. The rate and percentage of household income required for your family’s contribution will vary based on the level of household income available.

**FATHER/STEPFATHER/MALE GUARDIAN INFORMATION**

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<tr>
<th>Name:</th>
<th>Relationship:</th>
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<table>
<thead>
<tr>
<th>Employer:</th>
<th>Telephone:</th>
</tr>
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</table>

**MOTHER/STEPMOTHER/FEMALE GUARDIAN INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Employer:</th>
<th>Telephone:</th>
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</table>
SECTION 6: FAMILY HOUSEHOLD INFORMATION

You must complete this section in order for the total available financial resources to be assessed when measuring the amount of aid you may receive.

All information must be accurate and must be accompanied by verification documents as listed in the application check list. Your responses will determine the amount of funding your family is required to contribute toward your COB expenses.

Your family household information is required to determine factors which may impact the amount of aid you qualify to receive based on the number of people your household income supports and on other circumstances as listed below.

1. I live with my parent(s) or legal guardian(s).  
   YES ☐  NO ☐

2. I depend on the state for financial support.  
   YES ☐  NO ☐

3. My household has incurred major medical expenses for one of its members.  
   If you answer "yes" to this question and wish this to be taken into consideration, you must provide supporting documentation and attach it to the application.  
   YES ☐  NO ☐

4. My household has suffered a major disaster in the last 12 months (e.g., fire, hurricane, flood, other catastrophic event).  
   If you answer yes to this question and wish this to be taken into consideration, you must provide supporting documentation and attach it to the application.  
   YES ☐  NO ☐

5. Number of people living in my household, including me:  

6. Number of people in my household currently attending college or other post-secondary institutions full-time including me:  

SECTION 7: ESTIMATED APPLICANT CONTRIBUTION

THIS SECTION IS TO BE COMPLETED IF THE APPLICANT IS EMPLOYED.

NAME OF COMPANY:

<table>
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<th>Address</th>
<th>Employer</th>
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<tr>
<th>Job Title</th>
<th>Current Salary (Annual)</th>
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SECTION 8: FINANCIAL AID & AWARDS

The College expects students to make every effort to secure all possible financial resources available to them. In the space immediately below, list all financial assistance sources for which you have applied, whether these are from public or private sources and whether they constitute loans or awards. Indicate whether the application is in progress or the award has been granted or denied.

<table>
<thead>
<tr>
<th>Name of the Financial Agency/Assistance (e.g., Lyford Cay Foundation)</th>
<th>$ Value of the Financial Assistance</th>
<th>Application in Progress</th>
<th>Award Granted</th>
<th>Award Denied</th>
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SECTION 9: PERSONAL STATEMENT
Using approximately **250 words**, attach a **statement** that explains the reasons you require a need-based scholarship.

**SECTION 10: DECLARATION OF TRUE STATEMENT**

This section requires your signature and, in the case of dependent applicants (young adults under 18 years of age), the signature of a parent/guardian.

**I DECLARE THAT THE INFORMATION DISCLOSED IN THIS APPLICATION IS TRUTHFUL AND ACCURATE. I ACKNOWLEDGE THAT PROVIDING FALSE AND/OR INACCURATE INFORMATION WILL RESULT IN THE FORFEITURE OF ANY SCHOLARSHIP AND/OR AWARD GRANTED BY THE COLLEGE OF THE BAHAMAS.**

Applicant Signature:  
Date:  

Parent/Guardian Signature (in the case of an applicant under 18 years of age):  
Date:

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

**SECTION 11: APPLICATION CHECKLIST**

- Completed application form.
- Proof of Bahamian citizenship (e.g., copy of relevant pages of a valid Bahamian passport).
- Proof of other awards.
- Proof of annual household income.
- Proof of indirect educational expenses (e.g., rent), if applicable.
- Proof of spouse's annual income, if applicable.
- Copy of NIB Contribution Report, if retired or unemployed.
- Proof of major medical expense or major disaster, if applicable.
- Personal statement of approximately 250 words explaining why you need financial assistance.
- BGCSE results (new COB students only).
- Copy of College of The Bahamas acceptance letter (new COB students only).
- Copy of transcript for previous semester (for current COB students and students transferring from another university).
- Copy of COB bill showing the number of credits for which you are registered. If you register for fewer than the required number of credits, you will forfeit your award.
- Any additional documentation as required by the scholarship donor.