Application for Private Bursary

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 THE AWARD.
Private bursaries are established by donors and organizations to support COB students with demonstrated financial need. Students who benefit from these scholarships are assessed on the basis of The College’s financial need criteria.

Normally, bursaries are renewable and may be awarded for 4 years to students pursuing a bachelor degree programme or 2 years to students pursuing an associate degree programme.

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

HOW DO YOU QUALIFY FOR A PRIVATE BURSARY?
To be eligible for this award, the applicant must:

- be a Bahamian citizen;
- be enrolled in a bachelor or an associate degree programme at The College of The Bahamas;
- be enrolled, or plan to be enrolled, in at least 12 credit hours each semester; Lyford Cay Foundation scholarship recipients must be enrolled in a minimum of 15 credit hours per semester;
- meet any additional criteria as specified by the donor of the bursary 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 an associate or bachelor degree programme at The College of The Bahamas;
- consult the Office of Scholarships and Financial Aid prior to any change in status; programme, or major;
- enroll in at least 12 credit hours each semester; Lyford Cay Foundation scholarship recipients must be enrolled in a minimum of 15 credit hours per semester;
- remain in good academic standing;
- submit an annual “thank you letter” to the donor and attend the annual “Meet the Students” event.

OVERVIEW OF THE APPLICATION PROCESS.
Step 1: Complete the Private Bursary application form.
Step 2: Submit completed application form 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.

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

Last Name: ___________________________ First Name: ___________________________ Middle Name: ___________________________

Date of Birth: D_________M__________Y___________ Sex: Male [ ] Female [ ] Marital Status: ___________________________

Place of Birth: ___________________________ Citizenship: ___________________________

Permanent Address:
House No. & Street: ___________________________ P.O. Box No.: ___________________________ Island: ___________________________

Local Address:
House No. & Street: ___________________________ 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:
Name: ___________________________ Relationship: ___________________________ Name: ___________________________ Relationship: ___________________________

Telephone: ___________________________ Telephone: ___________________________

SECTION 2: ENROLMENT STATUS

PRIVATE BURSARIES 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 private bursary 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.)

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<tr>
<th>Institution</th>
<th>Address</th>
<th>Dates Attended</th>
<th>Qualification Obtained</th>
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<td>From To</td>
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**EXTRA-CURRICULAR ACTIVITIES**

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<th>Position Held</th>
<th>Club/Society</th>
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**HONOURS AND AWARDS** (List the most recent honours/awards received)

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<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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<th>Name:</th>
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<th>Occupation/Job Title:</th>
<th>Current Salary (Annual):</th>
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**MOTHER/STEPMOTHER/FEMALE GUARDIAN INFORMATION**

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**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:**

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<td>Current Salary (Annual):</td>
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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 need a bursary as well as your career aspirations/goals.
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 donor.