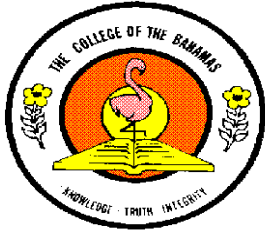


THE COLLEGE OF THE BAHAMAS

FINANCIAL ASSISTANCE/SCHOLARSHIP APPLICATION FORM



FOR OFFICIAL USE ONLY

Type of Assistance/Scholarship granted _____
Period of Assistance/Scholarship _____
Date of COB Acceptance _____
No. of B.G.C.S.E. _____
Sem/Cum. GPA: _____

GENERAL INSTRUCTIONS (Please Print)

The following documents must be submitted with this application:

- Copies of relevant examination certificates & test scores eg. AA, GCE, BGCSE, SAT, CXC, etc.
- A letter of recommendation from one of the following: Teacher/Lecturer or a responsible person who knows you well
- Copy of The College of The Bahamas acceptance letter (new students)
- Copy of up-to-date College transcript (current students and students from abroad)
- The first four pages of your passport and certificate of citizenship
- On a separate sheet of paper, explain why you need financial assistance (include parents' /guardian's proof of income)
- Copy of bill for existing and/or upcoming semester

SELECTION CRITERIA

- ❖ Full-time Bahamian student
- ❖ Must possess a minimum of 4 B.G.C.S.E.'s with grades 'C' and above (*new students only*)
- ❖ Must possess a minimum G.P.A. of 2.50 or 3.00 depending upon the scholarship
- ❖ Not in possession of another award which covers your tuition
- ❖ Must pursue a minimum of 12 credits per semester
- ❖ Candidate must demonstrate financial need (proof needed)
- ❖ Incomplete applications will not be considered

SECTION A

PERSONAL DATA

1. NAME: _____
Surname First Middle Maiden
2. COB Student No.: _____ 3. Major: _____
4. S.EX: Male [] Female [] 5. NATIONALITY: _____ 6. Date Of Birth: ____/____/____
Day Mon. Year
7. PLACE OF BIRTH: _____ 8. Marital Status: Single [] Married [] Other _____
City/Settlement Island
9. NUMBER OF DEPENDENTS: _____ 10. Age of Dependents: _____
11. LOCAL ADDRESS: _____
House # & Street Telephone P.O. Box
12. PERMANENT ADDRESS: _____ 13. E-mail: _____
P.O. Box Telephone Island
14. APPLICANT LIVES WITH: Parent/s [] Guardian/s [] Other [] Please Specify _____
15. LAST SCHOOL ATTENDED: _____ Address: _____
16. ARE YOU A CURRENT STUDENT: Yes [] No [] If yes, indicate the number of credits completed? _____
If no, when are you due to enter C.O.B.? _____
17. CAMPUS ATTENDING: Nassau [] Freeport [] Exuma [] Eleuthera [] Abaco [] Other _____
18. HAVE YOU APPLIED FOR FINANCIAL ASSISTANCE/SCHOLARSHIP FROM ANY OTHER SOURCE(S) TO ATTEND COB? Yes [] No []
19. IF YES, SPECIFY WHICH SCHOLARSHIP, WHETHER IT WAS RECEIVED AND THE AMOUNT PER YEAR: _____
20. PROPOSED GRADUATION DATE: _____

SECTION B
PARENTAL INFORMATION

FATHER/STEPFATHER/GUARDIAN: _____
Surname First Middle

i. PLACE OF BIRTH: _____

ii. NAME OF EMPLOYER: _____ Occupation: _____ Phone #: _____

iii. MARITAL STATUS: Single [] Married [] Separated [] Divorced [] Deceased []

iv. NUMBER OF DEPENDENTS: _____ Age of Dependents: _____

v. ANNUAL INCOME (proof is required): Under \$10,000 [] \$10,000-\$19,999 [] \$20,000-\$29,999 [] \$30,000+ []

MOTHER/STEPMOTHER/GUARDIAN: _____
Surname First Middle

i. PLACE OF BIRTH: _____

ii. NAME OF EMPLOYER: _____ Occupation: _____ Phone #: _____

iii. MARITAL STATUS: Single [] Married [] Separated [] Divorced [] Deceased []

iv. NUMBER OF DEPENDENTS: _____ Age of Dependents: _____

v. ANNUAL INCOME (proof is required): Under \$10,000 [] \$10,000-\$19,999 [] \$20,000-\$29,999 [] \$30,000+ []

SECTION C
AFFIRMATION OF INTENT

This application must be signed by *one* of the following: Justice of the Peace, Notary Public, Local Administrator, Minister of Religion or School Principal

I affirm 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 affirm that all information on this form is true and correct.

Applicant's Signature

Subscribed and sworn before me this _____ Day of _____ / _____
Month Year

Signature of:

JUSTICE OF PEACE

NOTARY PUBLIC

MINISTER OF RELIGION

LOCAL ADMINISTRATOR

SCHOOL PRINCIPAL

ADDRESS

SEAL

Note: All information in this document will be treated confidentially.

Submit form to: The Director; Financial Aid & Housing, The College of The Bahamas, P.O. Box N-4912, Nassau, N.P., Bahamas, by the following appropriate date:

- 1st Friday in June for the Fall Semester (returning students)**
- 2nd Friday in August for the Fall Semester (new students)**
- 1st Friday in December for the Spring Semester (all students)**