



Ministry of Education  
P.O. Box N-3913/14  
Thompson Blvd.  
Nassau, N.P.  
The Bahamas  
PH: (242) 502-2715/2700  
FAX: (242) 356-3815

**THE MINISTRY OF EDUCATION  
NATIONAL AWARD AND BURSARY  
APPLICATION FORM**

**AWARDS ARE OFFERED TO ELIGIBLE STUDENTS ATTENDING THE COLLEGE OF THE BAHAMAS**

**GENERAL INSTRUCTIONS**

Please print your responses on this form

The following documents **must** be submitted with this application:

- Copies of relevant examination certificates and test scores (AA, GCE, BGCSE, SAT, etc.)
- A letter of recommendation from a Teacher/Lecturer
- A copy of The College of The Bahamas acceptance letter
- A copy of an up-to-date College transcript (Local /Abroad)
- A copy of the first four(4) pages of your passport
- A copy of your National Insurance Card (Front and Back)
- A copy of bill for the current semester

**SELECTION CRITERIA**

To apply for the awards, you must meet the following requirements:

- You must be a **Bahamian** citizen
- You must possess a minimum of **5 BGCSE passes with ‘C’ grade or above (Math and English are compulsory) or a COB GPA of 3.00 or above**
- You must not be in possession of another **award/scholarship**
- You must pursue a **minimum of 15 credits** per semester

**ELIGIBILITY REQUIREMENTS**

To remain eligible for the National Award or Bursary, you must:

- **Maintain a minimum Grade Point Average (GPA) of 3.00 per semester**
- **Pursue a minimum of 15 credits per semester**
- **Submit transcript and course selection form to the Ministry of Education Tertiary Section each semester**
- **Inform the Ministry of Education of any change(s) while you are attending COB**

**Please Note: Incomplete applications will not be considered.**

**COMPLETED APPLICATION AND ALL REQUIRED SUPPORTING DOCUMENTS MUST BE RETURNED TO THE MINISTRY OF EDUCATION TERTIARY SECTION ON OR BEFORE 4 P.M. FRIDAY MAY 28,<sup>TH</sup> 2010.**

**FOR OFFICIAL USE**

Applicant’s Name \_\_\_\_\_

Type of Scholarship granted \_\_\_\_\_

Period of Scholarship \_\_\_\_\_

Date of COB Acceptance \_\_\_\_\_

No. of B.G.C.S.E. \_\_\_\_\_

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Read very carefully and complete **ALL** sections. This application and copies of all relevant documents must be delivered to the **Tertiary Section, Ministry of Education.**

**NOTE: Incomplete and late applications will NOT be accepted.**

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PERSONAL DATA OF APPLICANT

1. Last Name \_\_\_\_\_
2. First Name \_\_\_\_\_
3. Middle Name(s) \_\_\_\_\_
4. City and Country of Birth \_\_\_\_\_
5. Nationality \_\_\_\_\_
6. Date of Birth(D/M/Y) \_\_\_\_\_ Age \_\_\_\_\_
7. Gender: Male \_\_\_\_\_ Female \_\_\_\_\_
8. Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_
9. No. of Children \_\_\_\_\_ No. of Dependants \_\_\_\_\_
10. N.I.B. No. \_\_\_\_\_  
(Copies of the front and back of your card should be attached)
11. Passport No. \_\_\_\_\_  
(Please attach copies of the first four pages of your passport)
12. Last place of Employment \_\_\_\_\_

ADDRESS INFORMATION

13. Current Address:  
Post Office Box \_\_\_\_\_  
Address (House No., Street Name, Subdivision) \_\_\_\_\_  
\_\_\_\_\_  
City/Settlement \_\_\_\_\_ Island \_\_\_\_\_  
Telephone No(s). \_\_\_\_\_  
Fax No. \_\_\_\_\_ Email address \_\_\_\_\_
14. Family Island Address (If applicable):  
Post Office Box \_\_\_\_\_  
Address (House No., Street Name, Subdivision) \_\_\_\_\_  
\_\_\_\_\_  
City/Settlement \_\_\_\_\_ Island \_\_\_\_\_  
Telephone No(s). \_\_\_\_\_  
Fax No. \_\_\_\_\_ Email address \_\_\_\_\_
15. With Whom Do You Reside?  
Name(s) \_\_\_\_\_  
Relationship(s) \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

16. Schools attended must be listed:

SCHOOL	LEVEL (High School / College / University / Other)	Period

17. Qualifications Obtained:  
(Please provide certified copies of certificates, diplomas and transcripts)

High School Diploma \_\_\_\_\_

Qualification	Subject	Grade	Date Conferred
GCE /BGCSE /OTHER			

CONTINUING EDUCATION:

Course/Subject/Qualification – Institution	Grade/Degree	Date Conferred

18. State Course of Study \_\_\_\_\_

19. What Degree or Qualification is expected on completion of course:  
\_\_\_\_\_  
\_\_\_\_\_

20. Have you been accepted for the course? Yes \_\_\_\_\_ No \_\_\_\_\_

21. COB INFORMATION

Student Status New \_\_\_\_\_ Current \_\_\_\_\_  
COB Student No. \_\_\_\_\_  
Date of Enrolment at COB (D/M/Y) \_\_\_\_\_  
Expected Date of Graduation (D/M/Y) \_\_\_\_\_  
Current Year in College \_\_\_\_\_  
Major Programme at COB \_\_\_\_\_  
Number of Credits accumulated To Date \_\_\_\_\_  
GPA Last Semester \_\_\_\_\_

22. STATE REASON FOR REQUESTING COURSE TOGETHER WITH DETAILS OF ANY FUTURE PROFESSION YOU MAY WISH TO PURSUE.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. HAVE YOU APPLIED FOR A SCHOLARSHIP FROM ANY OTHER SOURCE (S) TO ATTEND COB?

Yes \_\_\_\_\_ No \_\_\_\_\_

GIVE DETAILS \_\_\_\_\_  
\_\_\_\_\_

24. INFORMATION ON PARENTS//GUARDIANS

Father/Guardian \_\_\_\_\_  
Name \_\_\_\_\_  
Place of Birth \_\_\_\_\_ Nationality \_\_\_\_\_  
Address \_\_\_\_\_  
P.O. Box \_\_\_\_\_ Telephone(s) \_\_\_\_\_  
Occupation & Employer \_\_\_\_\_  
No of Dependents \_\_\_\_\_ Age of Dependants \_\_\_\_\_  
Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_  
Annual Income: Under \$10,000 [ ] / \$10,000-\$19,999 [ ] / \$20,000=\$29,999 [ ] / \$30,000+ [ ]

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Mother/Guardian \_\_\_\_\_  
Name \_\_\_\_\_  
Date of Birth (D/M/Y) \_\_\_\_\_ Nationality \_\_\_\_\_  
Address \_\_\_\_\_  
P.O. Box \_\_\_\_\_ Telephone(s) \_\_\_\_\_  
Occupation & Employer \_\_\_\_\_  
No of Dependents \_\_\_\_\_ Age of Dependants \_\_\_\_\_  
Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_  
Annual Income: Under \$10,000 [ ] / \$10,000-\$19,999 [ ] / \$20,000-\$29,999 [ ] / \$30,000+ [ ]

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25. GIVE THE NAMES, ADDRESSES AND OCCUPATIONS OF TWO RESPONSIBLE PERSONS WHO KNOW YOU WELL.

NAME.....	NAME.....
ADDRESS.....	ADDRESS.....
P.O.BOX .....	P.O.BOX.....
OCCUPATION.....	OCCUPATION.....

26. ANY OTHER INFORMATION YOU MAY WISH TO GIVE IN SUPPORT OF THIS APPLICATION

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

Signature of Applicant\_\_\_\_\_ Date\_\_\_\_\_

Signature of Parent/Guardian\_\_\_\_\_ Date\_\_\_\_\_