



## Application for Private Bursary

Office of Financial Aid and Scholarships:

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-42766, East Grand Bahama, The Bahamas

TELEPHONE: (242) 688-5900 OR FACSIMILE: (242) 352-7987

EMAIL: [fa@ub.edu.bs](mailto:fa@ub.edu.bs)

Website: <http://www.ub.edu.bs>

### Application Deadline:

Fall Semester (August) First Friday in February

Spring Semester (January) First Friday in June

## General Instructions and Application Form

### OVERVIEW OF THE AWARD.

Private bursaries are established by donors and organizations to support University of The Bahamas students with demonstrated financial need. Students who benefit from these scholarships are assessed on the basis of UB'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 available private bursaries is posted on UB's website. 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 UB bachelor or associate degree programme;
- 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 he/she is applying;
- 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 UB associate or bachelor degree programme;
- consult the Office of Financial Aid and Scholarships 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 the Office of Financial Aid and Scholarships, Student Services Centre, Keva M. Bethel Building, Oakes Field Campus or the Office of the Vice President, Administration Building, 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 <input type="checkbox"/>	Female <input type="checkbox"/>	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:
Telephone: Home:		Work:	Cell:	
Personal E-mail Address:				
UB Campus I Am Attending or Have Applied to Attend: Grosvenor Close <input type="checkbox"/>				
Oakes Field <input type="checkbox"/>				
Northern Bahamas <input type="checkbox"/>				
UB E-mail Address (once enrolled, all official correspondence will be through this e-mail address):			UB Student No.:	
Emergency Contact Information:				
Name:			Relationship:	
Telephone: Home:		Work:	Cell:	
Name:			Relationship:	
Telephone: Home:		Work:	Cell:	

**SECTION 2: ENROLMENT STATUS**

**Private bursaries are available to full-time undergraduate University of The Bahamas students only.**

1. I have been accepted into a UB bachelor degree programme.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. I have been accepted into a UB associate degree programme.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. My major is:	4. My UB academic advisor is:		
5. I plan to enrol in 12 or more credits in the	Fall: Yes <input type="checkbox"/> / No <input type="checkbox"/>	Spring: Yes <input type="checkbox"/> / No <input type="checkbox"/>	
6. I am the first person in my immediate family to attend college or university.		Yes <input type="checkbox"/>	No <input type="checkbox"/>

**SECTION 3: APPLICANT PROFILE**

The private bursary for which I am applying is:
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**CAREER ASPIRATIONS**

My career aspirations are:
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**ACADEMIC ACHIEVEMENT**

My current cumulative grade point average (GPA) is:
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**EDUCATIONAL BACKGROUND** (List the last 3 schools you attended.)

Institution	Address	Dates Attended		Qualification Obtained
		From	To	

**EXTRA-CURRICULAR ACTIVITIES**

Position Held	Club/Society

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

Date Awarded	Honour/Award

**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 bursary.**

1. I am married.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. I turned 25 years of age before January 1 of this year.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. I am an emancipated minor as determined by a court of law.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. I depend on my parent(s) and or legal guardian(s) for financial support.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**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). Parent(s) and/or 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 UB 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		MOTHER/STEPMOTHER/FEMALE GUARDIAN INFORMATION	
Name:	Relationship:	Name:	Relationship:
Employer:	Telephone:	Employer:	Telephone:
Occupation/Job Title:	Current Salary (Annual):	Occupation/Job Title:	Current Salary (Annual):

**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 UB 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 <input type="checkbox"/>	No <input type="checkbox"/>
2. I depend on the state for financial support.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. My household has incurred major medical expenses for one of its members. <i>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.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. My household has suffered a major disaster in the last 12 months (e.g., fire, hurricane, flood, other catastrophic event). <i>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.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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:		
Address:	Employer:	Telephone:
Job Title:	Current Salary (Annual):	

**SECTION 8: FINANCIAL AID & AWARDS**

University of The Bahamas 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.

Name of the Financial Agency/Assistance (e.g., Lyford Cay Foundation)	\$ Value of the Financial Assistance	Application in Progress	Award Granted	Award Denied
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 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 UNIVERSITY OF THE BAHAMAS.**

*Applicant's Signature:*

*Date:*

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

*Date:*

**UNIVERSITY 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 UB students only).
- Copy of University of The Bahamas acceptance letter (new UB students only).
- Copy of transcript for previous semester (for current UB students and students transferring from another university).
- Copy of UB 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.