

APPLICANT’S FULL NAME: _____

FUNDING REQUIRED: ☐ FALL ☐ WINTER 20 _____

THE COMMONWEALTH OF THE BAHAMAS
MINISTRY OF EDUCATION, SCHOLARSHIP & EDUCATIONAL LOAN DIVISION
National Scholarship Programme

NATIONAL GRANT RENEWAL FORM

SUBMIT THIS FORM TO: The Scholarship & Educational Loan Division
Ministry of Education
Scholarship Building
Shirley Street
P.O. Box N-3913
Nassau, Bahamas

RENEWAL FORM MUST BE COMPLETED IF:

- 1. YOU ARE CURRENTLY A NATIONAL GRANT RECIPIENT,
- 2. YOU HAVE ACHIEVED A 3.0 OR HIGHER GPA IN THE CURRENT SEMESTER
- 3. YOUR CUMULATIVE GPA IS 3.0 OR HIGHER
- 4. YOU ARE SEEKING ADDITIONAL FUNDING TO CONTINUE OR COMPLETE YOUR EXISTING COURSE OF STUDY AT YOUR CURRENT COLLEGE OR UNIVERSITY
- 4. YOU ARE SUBMITTING A CURRENT OFFICIAL TRANSCRIPT WITH THIS FORM

PERSONAL INFORMATION

Name ☐ Mr. ☐ Miss ☐ Mrs. _____
First Middle Family (Surname)

Street/ Area _____ P.O. Box _____ Island _____

Telephone _____ Place of Birth _____ Date of Birth ____/____/____
MM DD YY

Citizenship _____ E-mail Address _____

Cellular _____ Place of Work _____ No. of Years _____

Work Address _____ Salary _____ Telephone _____

Marital Status _____ Number of Siblings _____ Number of Dependents _____

Do you have a disability? Y _____ N _____ Please explain _____

INFORMATION COLLEGE or UNIVERSITY YOU ARE CURRENTLY ATTENDING

Name _____ Street Address _____

City/State/Province _____ Country _____ Zip/Postal Code _____

Tel: _____ Fax: _____ Existing or New Institution: _____ Y _____ N

Total cost & fees per year: Tuition _____ Room & Board _____ Other _____

Course of Study _____ Start Date _____ End Date _____
(Programme/Major/Technical) MM DD YY MM DD YY

Level of Study: ☐ Diploma ☐ Certificate ☐ Associate’s Degree ☐ Bachelor’s Degree
☐ Doctoral Degree ☐ Other _____

Year of programme you are entering (1,2,etc.) _____ Total number of years in your programme (1,2,etc.) _____

Anticipated date of graduation _____ GPA in the last completed semester _____ Cum. GPA _____

FOR OFFICIAL USE ONLY:

3.0 or Greater GPA requirement met: Y N Any change of College or University: Y N
Any change in course of study Change: Y N Any change in Level of Study: Y N

APPROVING SELD OFFICER: _____ DATE: _____

COMMITTEE / OFFICIAL APPROVAL: _____ DATE: _____

FORWARD FOR CHECK PROCESSING: Y N