

Application for the Bahamas Scholarship (Need-Based)

Scholarship Committee

Mail Application and documents to ScholarshipCommittee@wausm.education

Website: <https://wausm.education>

Application Deadline	Notifications Sent
June 30th Annually	By July 31st Annually

Scholarships are available in the September and January semesters following notification.

General Information

Overview of The Bahamas Scholarship

Western Atlantic University School of Medicine (WAUSM) provides tuition assistance to ensure that no Bahamian is denied the opportunity to earn a medical degree solely on financial reasons. Scholarships are awarded on the basis of need as defined by the scholarship committee, their Bahamian citizenship and residence, and their commitment to serve as a physician in their home country.

To be eligible, the applicant must:

- be a Bahamian citizen;
- actively reside in The Bahamas (college attendance can be outside on The Bahamas)
- be accepted and enroll at WAUSM as a full-time medical student
- within four years of graduation, serve as a physician in a healthcare facility in the Bahamas
- complete the application and provide all supporting documents

To remain eligible, the student must:

- remain in good academic standing
- continue to be enrolled at WAUSM
- successfully complete all courses; any failures or withdrawals from courses will be subject to scholarship committee review

Scholarship Eligibility

- Students may be awarded (1) a 100% tuition scholarship for all 10 semesters OR (2) a partial scholarship, 100% tuition for semesters 1-5 and a 50% tuition scholarship for semester 6-10
- The Bahamas Scholarship does not exceed tuition
- Recipients are required to pay all external fees and living expenses

Application Process

- Complete the Scholarship Application
- Submit the application and all required supporting materials together in one package, by the deadline to ScholarshipCommittee@wausm.education

ALL AWARDS ARE CONTINGENT UPON AVAILABLE FUNDS. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED



SECTION 1: Applicant Info

FULL NAME _____ DATE _____

(first, M.I., last)

ADDRESS: _____

Permanent Address (House No. & Street)

PO Box #

City / Settlement

Island

PHONE: _____ EMAIL: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ MARITAL STATUS: _____

SECTION 2: Educational Information

	YES	NO
Have you applied to WAUSM?		
Have you been admitted to WAUSM's MD program?		If yes, which term? _____
Are you the first person in your family to attend medical school?		

Do you have educational training beyond a bachelor's degree? If so, please describe (including degrees/certificates earned, institution(s) attended, dates of attendance).

YES NO

Degree/Certificate Earned	Institution Attended	Dates of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 3: Additional Information

Extracurricular Activities

Position Held

Club / Program

_____	_____
_____	_____
_____	_____

Honours / Awards

Date of Award

Honours or Award Name

_____	_____
_____	_____
_____	_____

SECTION 4: Household Income Information

	YES	NO
1. I am married.		
2. I depend on my parent(s) or family for financial support.		
3. I live with my parent(s) or family members.		
4. I depend on the Government for financial support.		
5. My household has incurred major medical expenses for one of its members. <i>(If yes, please provide supporting documents and summary of expenses.)</i>		
6. My household has suffered a major disaster in the last 12 months (e.g., hurricane, flood, other catastrophic event). <i>(If yes, please provide supporting documents and summary of expenses.)</i>		

Members supported in the household (please include yourself).

Name	Age	College (List only if currently attending)

Please provide a statement of assets and a statement of income, subject to validation, for each person in your household.

Please provide parents' information regardless of your age and/or marital status.

FATHER / STEPFATHER / MALE GUARDIAN INFO		MOTHER / STEPMOTHER / FEMALE GUARDIAN INFO	
NAME:	RELATIONSHIP:	NAME:	RELATIONSHIP:
EMPLOYER:	TELEPHONE:	EMPLOYER:	TELEPHONE:
OCCUPATION/ JOB TITLE:	CURRENT SALARY (ANNUAL):	OCCUPATION/ JOB TITLE:	CURRENT SALARY (ANNUAL):
HIGHEST EDUCATION LEVEL:		HIGHEST EDUCATION LEVEL:	

STUDENT INCOME INFORMATION		SPOUSE INCOME INFORMATION	
NAME:	RELATIONSHIP:	NAME:	RELATIONSHIP:
EMPLOYER:	TELEPHONE:	EMPLOYER:	TELEPHONE:
OCCUPATION/ JOB TITLE:	CURRENT SALARY (ANNUAL):	OCCUPATION/ JOB TITLE:	CURRENT SALARY (ANNUAL):
HIGHEST EDUCATION LEVEL:		HIGHEST EDUCATION LEVEL:	

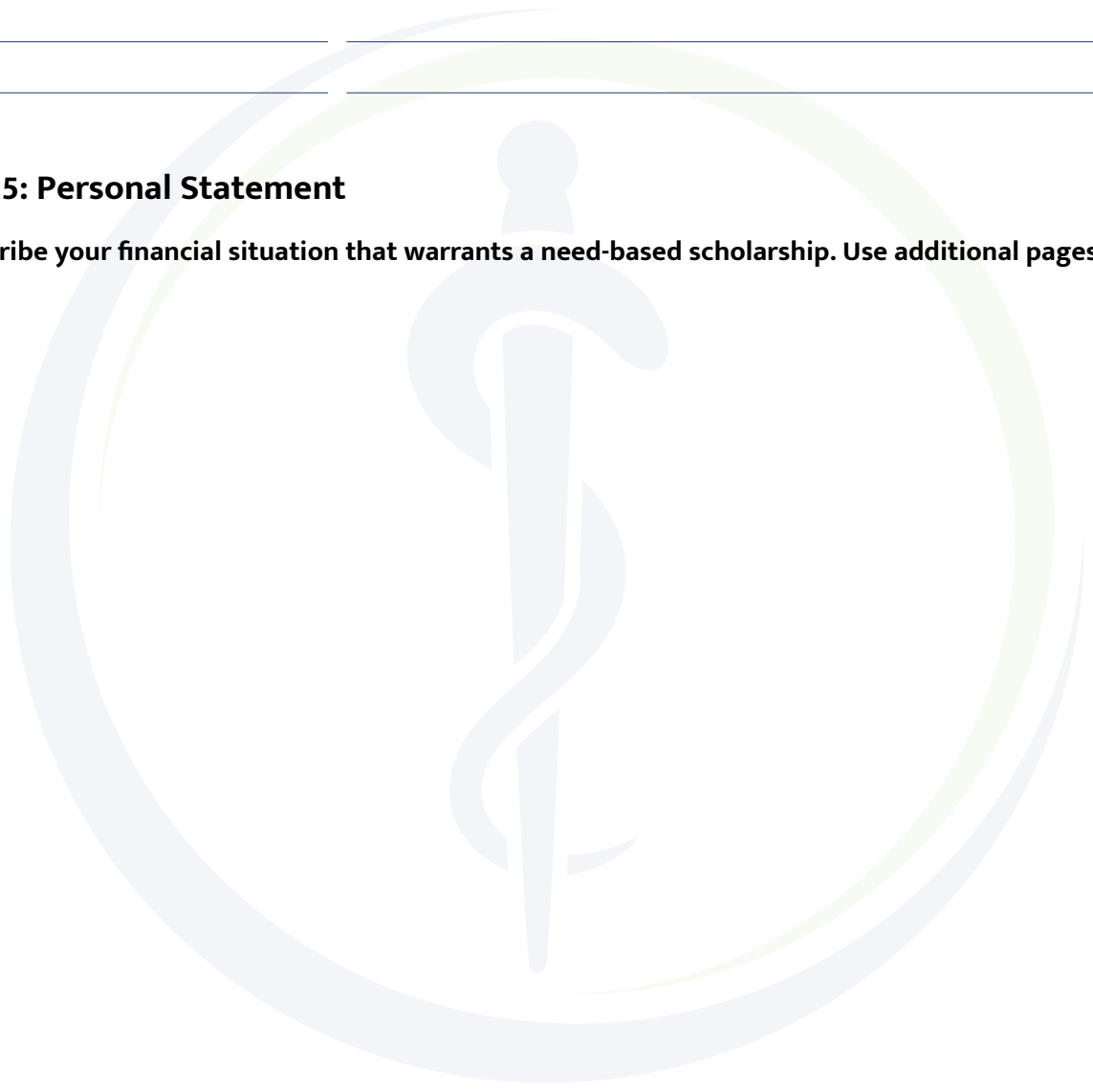
Financial Awards and/or Scholarships currently received by anyone in your household.

Award Amount & Date

Award or Scholarship Name

SECTION 5: Personal Statement

Please describe your financial situation that warrants a need-based scholarship. Use additional pages if necessary.



SECTION 6: Application Checklist

Completed application form.

Proof of Bahamian citizenship (e.g., copy of relevant pages of a valid Bahamian passport)

Proof of annual household income.

Proof of indirect educational expenses (e.g., rent), if applicable.

Proof of parents and/or student's/spouse's annual income, if applicable.

Proof of major medical or major disaster expenses, if applicable.

Personal statement of approximately five hundred (500) words.

Any additional documentation that you feel may advance your application.

Please email the application and all attachments in one email to ScholarshipCommittee@WAUSM.education

SECTION 7: Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If a scholarship is awarded, I understand that false or misleading information in my application may result in forfeiture of my award.

I further authorize the Office of Admissions and/or University Registrar to provide copies of my transcripts, if requested, to the Scholarship Committee to confirm the information contained within my application.

Signature:

Date:
