



ADMISSIONS AND
ENROLLMENT MANAGEMENT

Citizens and Residents of India Scholarship Application

Student Information

Last Name: _____

First Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____

Email: _____ Phone: () _____

Please ensure your essay mentions honors, awards, memberships, and community volunteer activities in which you have participated and the year of participation.

***** **SEE REVERSE FOR PROCEDURES & GUIDELINES** *****

Procedures and Guidelines

Criteria:

- Proof of Residence in India (i.e. bill or invoice no older than 2 months from application date)
- Copy of passport
- Proof that your secondary and/or undergraduate studies were completed in India
- Applicants who have taken college-level coursework in the U.S. or Canada are ineligible for this scholarship.
- Students accepted into the AUA College of Medicine Basic Sciences program will be considered after a holistic review of their application.
- Personal Statement: 1-page essay detailing why applicant feels they should receive the scholarship

Students in the AUA College of Medicine Basic Sciences program will receive a \$2,000 off their tuition for the four semesters of Basic Sciences if approved for the scholarship. The scholarship does not include room, board, transportation, and educational supplies.

In order to continue eligibility for the scholarship/grant, the student must maintain **Satisfactory Academic Progress (SAP)**. Scholarship/grant recipients will be notified in writing and by a phone call within two weeks of the Committee's decision. Please note that there is no guarantee of a scholarship/grant and the number of scholarships/grants awarded per semester may vary. All Scholarship Committee decisions are final and are not open to appeal. All awards will be in the form of a credit towards tuition and fees.

For questions or to submit application and documents please forward to:

ATTN: Shyam Dharia

Scholarship Coordinator

Manipal Education Americas, LLC, Representative of:

American University of Antigua

One Battery Park Plaza, 33rd Floor

New York, NY 10004

Phone: (212) 661-8899 ext. 195

Fax: (973) 498-7707

Email: sdharia@auamed.org

*By signing and submitting this application, I certify that the information set forth herein is true and complete and that the documents submitted in connection with my application are genuine and authentic. I acknowledge that my submission of false, fraudulent or misleading information or documents in connection with this application will constitute a violation of AICASA's code of conduct and may result in disciplinary action imposed against me, which may include expulsion from AICASA. I will also be responsible to reimburse AICASA for the full amount of any scholarship that I may be awarded together with such other damages, consequences and liabilities as for which applicable laws may provide and permit AICASA to recover.

Applicant Signature: _____ Date: _____