## **AUA CARICOM TUITION GRANT APPLICATION**

## Student Information Last Name: First Name: Address: City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_ Phone :( ) \_\_\_\_\_ Mobile :( ) \_\_\_\_\_ Currently Enrolled Semester (AUA): By checking the applicable box, I confirm my citizenship. **COUNTRY** Barbados Antigua and Barbuda Montserrat Belize Saint Lucia Dominica St. Kitts and Nevis Grenada St. Vincent and the Grenadines Guyana Haiti Suriname Trinidad and Tobago Jamaica

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

Other (

The Bahamas

## **Procedures and guidelines**

All applicants must submit an application along with copy of passport, birth paper, and proof of address.

CARICOM citizens who are accepted into the AUA Basic Sciences program will receive a reduction of \$5,500 in the cost of tuition. The tuition grant will cover the five semesters of Basic Sciences. The Tuition Grant does not include room, board, transportation, or educational supplies.

In order to continue eligibility for the tuition reduction; the student must maintain Satisfactory Academic Progress (SAP).

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.

Tuition grant recipients will be notified in writing and by phone within two weeks of the Committee's decision.

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

## ATTN: Karen Ash

Scholarship Coordinator
Manipal Education Americas, LLC, Representative of:
American University of Antigua
One Battery Park Plaza, 33<sup>rd</sup> Floor
New York, NY 10004

Phone: (212) 661-8899 ext. 185

Fax: (973) 498-7707 Email: <u>kash@auamed.org</u>

I attest that the information contained in this application is true and correct, and I hereby give the review committee permission to examine my academic transcripts and verify my employment information.

Applicant Signature:	Date:
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