



ADMISSIONS AND
ENROLLMENT MANAGEMENT

Scholarship for Indian Citizens and Residents 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

Award Amount: \$86,500

- \$47,500 scholarship awarded \$9,500 per semester of the 5 Basic Sciences Semesters of AUA College of Medicine MD program
- \$39,000 scholarship awarded \$7,800 per semester of the 5 Clinical Sciences Semesters of AUA College of Medicine MD program.

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: Karen Ash

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. 185

Fax: (973) 498-7707

Email: kash@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 AUA's code of conduct and may result in disciplinary action imposed against me, which may include expulsion from AUA. I will also be responsible to reimburse AUA 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 AUA to recover.

Applicant Signature: _____ Date: _____