



AUA CARICOM TUITION GRANT APPLICATION

Student Information

Last Name: _____

First Name: _____

SSN #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone :() _____ Mobile :() _____

Currently Enrolled Semester (AUA): _____

By checking the applicable box, I confirm my citizenship.

COUNTRY			
Antigua and Barbuda	<input type="checkbox"/>	Barbados	<input type="checkbox"/>
Montserrat	<input type="checkbox"/>	Belize	<input type="checkbox"/>
Saint Lucia	<input type="checkbox"/>	Dominica	<input type="checkbox"/>
St. Kitts and Nevis	<input type="checkbox"/>	Grenada	<input type="checkbox"/>
St. Vincent and the Grenadines	<input type="checkbox"/>	Guyana	<input type="checkbox"/>
Suriname	<input type="checkbox"/>	Haiti	<input type="checkbox"/>
Trinidad and Tobago	<input type="checkbox"/>	Jamaica	<input type="checkbox"/>
The Bahamas	<input type="checkbox"/>	Other (_____)	<input type="checkbox"/>

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

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 **30% grant** in the cost of tuition. The tuition grant will cover the four 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: 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

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: _____