

Please submit this completed application form with the required documentation no later than deadline on the flyer/website.

**SECTION 1 APPLICATION CHECKLIST - Documentation that must be submitted with this application:**

- Completed application form including personal statement supporting your application
- Proof of Bahamas citizenship
- Proof of enrollment in an accredited and competitively ranked educational institution
- Official college transcript
- Examination certificates/results available at time of application
- Documentation from college or university stating tuition costs i.e. tuition, books and exams etc.
- Proof of education and residency in The Bahamas for at least five years
- Two academic references
- One character reference

**SECTION 2 APPLICANT'S INFORMATION**

Applicant's Full Name \_\_\_\_\_

Date of Birth (DD/MM/YYYY) \_\_\_\_\_ Nationality \_\_\_\_\_

Local Mailing Address \_\_\_\_\_

Local Residential Address \_\_\_\_\_

Local Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Overseas Mailing Address \_\_\_\_\_

Overseas Physical Address \_\_\_\_\_

Overseas Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email Address \_\_\_\_\_

**SECTION 3 EDUCATION DETAILS**

**High School** (Transcripts must be submitted)

Name of School(s) Attended in The Bahamas	From	To

Leaving certification type (e.g., High School Diploma) \_\_\_\_\_

**Academic Honors Achieved** (Please list below)

Achievement	Dates

MEDICAL & LIFE | GENERAL | PENSIONS | AGENTS & BROKERS

**University Information** (Transcripts must be submitted)

Undergraduate University Name and Country	From	To

Physical Address \_\_\_\_\_

Website Address \_\_\_\_\_

Degree Programme enrolled in \_\_\_\_\_

Estimated Graduation Date \_\_\_\_\_ Number of years already Completed \_\_\_\_\_

Graduation Requirements \_\_\_\_\_

**Extracurricular Activities** (Please list below)

Organisation and/or Activity	Dates

**SECTION 4 ESTIMATED COSTS FOR ACADEMIC YEAR**

Tuition Fees \_\_\_\_\_

Cost of Books \_\_\_\_\_

Exam Fees \_\_\_\_\_

Accommodation \_\_\_\_\_

Food and Living Expenses \_\_\_\_\_

**Total Programme Cost** \_\_\_\_\_

How do you intend to cover remaining costs not covered under the scholarship?

How do you intend to cover costs if your scholarship application is not successful?

Have you submitted applications for any other scholarship funding?

Yes  No

If Yes, please give details of the scholarships applied for:

**SECTION 5** EMPLOYMENT AND WORK EXPERIENCE HISTORY (If applicable)

Employer Name \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Job Title \_\_\_\_\_  
Duties \_\_\_\_\_

Employer Name \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Job Title \_\_\_\_\_  
Duties \_\_\_\_\_

Employer Name \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Job Title \_\_\_\_\_  
Duties \_\_\_\_\_

**SECTION 6** PERSONAL STATEMENT

In a brief statement please explain why you are deserving of the CG Atlantic Scholarship and any personal circumstances that you believe should be taken into consideration when reviewing your application.

**SECTION 7** REFERENCE DETAILS

Academic Reference: Name \_\_\_\_\_

Title/ Position of referee \_\_\_\_\_

Relationship to you \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email Address \_\_\_\_\_

Academic Reference: Name \_\_\_\_\_

Title/ Position of referee \_\_\_\_\_

Relationship to you \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email Address \_\_\_\_\_

Character Reference: Name \_\_\_\_\_

Title/ Position of referee \_\_\_\_\_

Relationship to you \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email Address \_\_\_\_\_

**SECTION 8** DECLARATION

I am a Bahamian (Please attach proof)  Yes  No

I have been ordinarily resident in The Bahamas full time for five years  Yes  No

I declare that the above particulars included in this application are correct to the best of my knowledge and belief and I understand that false or materially misleading statements may lead to the refusal or withdrawal of the scholarship award.

I understand that failure to comply with the terms and agreement of this Scholarship may lead to suspension or forfeiture.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 9** OFFICIAL USE ONLY

Date of Application Submission: \_\_\_\_\_ Confirmation Receipt Sent:  Yes Date: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Panel Members: \_\_\_\_\_

Panel Recommendation: \_\_\_\_\_

Panel Comments: \_\_\_\_\_

Decision Notification Letter Sent:  Yes Date: \_\_\_\_\_

**CG Atlantic Medical & Life | General | Pensions | Agents & Brokers**

Atlantic House, 2nd Terrace & Collins Avenue | PO Box SS-5915, Nassau, Bahamas | Tel 242 326 8191 | Fax 242 326 8189  
Suite 7-8, Jasmine Corporate Center | PO Box F-42655, Freeport, Grand Bahama, Bahamas | Tel 242 351 3960 | Fax 242 351 7442  
www.CGCoralisle.com

**INSURANCE | HEALTH | PENSIONS | LIFE**

A member of Coralisle Group Ltd.