

THE DR. MEYER RASSIN FOUNDATION

P.O. BOX N-972
 NASSAU, BAHAMAS
 TELEPHONE (242) 302-4707

Application for Scholarship/Financial Assistance to Pursue a Profession in Healthcare.
 Application will only be considered if all of the following are attached:

Application Checklist:

- Official transcript of high school grades
- Official transcript of college grades
- Copy of diplomas
- Passport size photograph of the Applicant
- Proof of Bahamian Citizenship
- Proof of college acceptance
- Statements of annual family income
- 2 sealed personal references
- 250 word essay describing why you should be awarded a scholarship
- 250 word essay describing your proposed career plans in the healthcare profession
- Application completed and signed

Personal Information:

Name of Applicant: <small>(Last)</small> _____ <small>(First)</small> _____ <small>(Middle)</small> _____		
Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth: _____		
Home Address: _____		
P.O. Box: _____		
Telephone Contacts: <small>(Home)</small> _____		<small>(Work)</small> _____
Email Address: _____		
Place of Employment: _____		
Marital Status <small>(check one):</small> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Name of Parents or Guardians <small>(if applicable):</small> _____		
Name of Spouse <small>(if applicable):</small> _____		
Name and ages of Brothers and Sisters: _____		
Name and ages of Children <small>(if applicable):</small> _____		
Are you an employee of Doctors Hospital? <small>(please circle)</small>		Yes No
Are you a relative of an employee of Doctors Hospital? <small>(please specify)</small> _____		
Please list hobbies/recreational activities and or community service: _____		

Educational Information:

Number of academic years completed:
Number of academic years required to complete:
Name of college, university or specialized school currently attending:
Institution for which scholarship is requested:
Anticipated course of study:
Anticipated date of enrollment:
Have you been awarded any other financial assistance or scholarships? <i>(please circle)</i> Yes No If yes, please state details:
Have you applied or do you contemplate applying for any other scholarships? <i>(please circle)</i> Yes No If yes, please state which and amount:

Financial Information:

Approximate cost of each academic year:

Tuition	\$ _____
Room & Board	\$ _____
Allowance for fees, books, etc.	\$ _____
Allowance for incidentals	\$ _____
Allowance for travel	\$ _____
Total cost per year	\$ _____
Amount contributable by student	\$ _____
Amount of scholarship requested	\$ _____

Academic Information:

Name	Location	Years	Degree
Primary			
Secondary			
College			
University			
Graduate Studies			
Technical/Vocational			

Annual Income Statement:

Fathers Name:	Occupation:	Annual Income:
Mothers Name:	Occupation:	Annual Income:
Spouse's Name:	Occupation:	Annual Income:
Occupation of Student:		Annual Income:

I/we _____ hereby apply for scholarship/financial assistance to the Dr. Meyer Rassin Foundation. I hereby certify that the above information furnished by me on this application is true, complete, and correct to the best of my (our) knowledge and belief. I further understand that any material omission or misrepresentation may result in termination of application and/or scholarship funding.

Signature of Father/Guardian _____
 Print Name _____

Signature of Mother/Guardian _____
 Print Name _____

Signature of Student _____
 Print Name _____

Signature of Spouse _____
 Print Name _____

Date of Application (mm/dd/yyyy): _____

ESSAYS:

Write an essay in the space provided on why you should be awarded a scholarship or financial assistance:

Write an essay in the space provided on your proposed career path in the healthcare profession: