SCHOLARSHIP GUIDELINES

FREEPORT CONTAINER PORT LIMITED
FREEPORT HARBOUR COMPANY LIMITED

INFORMATION & INSTRUCTIONS

I. AWARDS

1. Scholarships will be awarded to students upon graduating from High School with a minimum term GPA of 3.0 or students enrolled an accredited college abroad with a minimum term GPA of 3.0

2. Scholarships will only be awarded for an associate or bachelor's egree.

3. Scholarship recipients entering college as a freshman in the fall semester will be eligible for renewal of scholarship in the spring semester, provided that the minimum term GPA is maintained.

4. A recipient will be awarded a maximum of two awards per year once the term GPA is maintained.

5. **Scholarship awards will only be offered to students pursing degrees in the following disciplines:**
   a. **Engineering – Chemical/Mechanical/Electrical/Environmental**
   b. **Information Technology**
   c. **Business/Commerce**
   d. **Accounting/Finance**
   e. **Health & Safety**
   f. **Maritime/Marine Pilot**

6. This list is not exhaustive and is subject to review on a case-by-case basis at Management's discretion.

7. Priority will be given to students whose parents are unable to meet the cost of their degree programme.

II.ELIGIBILITY

Scholarship applicants must meet the following requirements:

1. Bahamian citizen

2. Grand Bahama resident who has completed High School in Grand Bahama

3. A minimum term GPA of 3.0.

4. Confirmation of acceptance as a full-time student at an accredited college or university abroad.

SCHOLARSHIP AWARDS ARE NOT OFFERED FOR PRE-COLLEGE CLASSES.

III. DOCUMENTS REQUIRED

1. **Completed Scholarship Application Form.**
2. **High School Diploma and Official Transcript and/or College Transcript.**
3. **Proof of Bahamian citizenship and residency in Grand Bahama.**
4. **Cover letter requesting financial assistance.**
5. **Letter of Acceptance from college or university.**

IV. CONDITIONS OF AWARD

CONTINUED FINANCIAL ASSISTANCE IS SUBJECT TO THE FOLLOWING CONDTIONS:

1. Students must maintain the required term GPA of 3.0 or higher throughout the scholarship period and **MUST SUBMIT AN OFFICAL TRANSCRIPT OF GRADES AT THE END OF EACH SEMESTER**.
2. The award is given in August and renewed in January provided the term GPA is maintained as stipulated, at the discretion of Management.

ALL DOCUMENTS MUST BE SUBMITTED BY JUNE 30 FOR THE FALL SEMESTER AND BY JANUARY 6 FOR THE SPRING SEMESTER. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

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APPLICATION FORM

Please complete all sections of this application. The deadline date for submission is May 30th .

SECTION 1 – PERSONAL INFORMATION

Name: (Surname, First Name, Middle Name)	**Date of Birth:**
Place of Birth:	**Male or Female:**
Residential Address:	**Postal Address:**
Home Phone No.:	**Cell Phone No.:**
Email Address:	**Alternate Email Address:**

SECTION 2 – ACADEMIC INFORMATION

High School last attended:

_____**GPA**_____

College, University or Specialized School previously attended and address:

_____

_____

Are you presently attending College of University: YES____ NO____ If yes, number of terms/semesters completed? _____

Name and Address of College/University for which you are seeking this scholarship:

_____

_____

Anticipated date of enrollment: _____

PROPOSED COURSE OF STUDY/MAJOR: a) Associate's Degree_____

b) Bachelor's Degree_____

Please write a brief synopsis stating reasons for pursuing course of study and future career plans.

_____

_____

_____

PLEASE LIST AND ATTACH COPIES OF ACADEMIC CERTIFICATES

BGCSE

SUBJECT	DATE TAKEN	RESULTS

ASSOCIATE DEGREE OR CERTIFICATIONS (IF APPLICABLE)

COLLEGE	DATE	MAJOR	GPA

SECTION 3 – FINANCIAL INFORMATION

Has student applied for or intends to apply for any other scholarships? YES_____ NO_____

Has student received any other scholarship award(s)? If yes, state amount and give full particulars:

_____

_____

INCOME STATEMEMENT

Father's Name: _____

Place of Employment: _____

Occupation: _____

Annual Salary: _____

Mother's Name: _____

Place of Employment: _____

Occupation: _____

Annual Salary: _____

Applicant (If employed): _____

Place of Employment: _____

Occupation: _____

Annual Salary: _____

I hereby certify that the Income Statement shown above is true and correct.

(Please print name) Parent/Guardian

Signature

Date

Please note: Forms that are partially filled out will not be considered. Completed forms should emailed to: ***sturrup-bosfield.thelma@fcpbahamas.com***