



REQUEST FOR SCHOLARSHIP

To,
American University of Barbados
School of Medicine
Barbados

Subject: Request for **Scholarship** **Grant** **Award**

I, _____, a resident of _____, holding passport number _____, am writing to formally request for Scholarship / Grant / Award as per the policies of the institution.

Reason for Requesting Scholarship (include a brief write in about 150 words)

I would be truly grateful for your positive consideration.

Declaration of Understanding and Acceptance of Scholarship Terms

- I understand that Scholarships, Grants, and Awards are subject to limited availability and are granted at the discretion of the Scholarship Committee. They may be modified or withdrawn at any time without prior notice.



- I accept that all Scholarships, Grants, and Awards are contingent upon the verification of submitted documents. If any credentials are found to be falsified or fraudulent, the Scholarships, Grants, and Awards will be revoked.
- I acknowledge that if I withdraw from the institution before completing the MD program, my Scholarships, Grants, and Awards will be rescinded.

By signing this declaration, I affirm that I have read and understood the terms and conditions associated with the Scholarships, Grants, and Awards and agree to comply with it.

Sincerely,

[Name]
[Address]
[Email Address]
[Phone Number]
[Date]

Note: Students on scholarship or grants are expected to maintain a consistent academic performance and passing grades in all subjects throughout their study duration till the completion of their MD programme, in order to retain the scholarship or grants. Eligibility will be calculated on an undergraduate GPA (Grade Point Average) on a four-point scale.

All information regarding scholarship, grant, or award applications, including eligibility, selection criteria, and awarded amounts, is strictly confidential. Unauthorised disclosure may lead to withdrawal and further administrative action.