



MINISTRY OF EDUCATION, TECHNOLOGICAL
AND VOCATIONAL TRAINING



ROSS UNIVERSITY
SCHOOL OF MEDICINE

**Ross University School of Medicine
Barbados Scholarship Application Form**

1. Full Name: _____
2. National Registration Number: _____
3. E-mail Address: _____
4. Cell Phone: _____
5. Home Phone: _____
6. Local Secondary School: _____
7. University Graduate: _____
8. University Overall GPA: _____
9. Please attach a copy of your personal statement which accompanied your RUSM Application.

Signature: _____ Date: _____

To the best of my knowledge, the information submitted in this application is true and correct.