



MINISTRY OF EDUCATION, TECHNOLOGICAL  
AND VOCATIONAL TRAINING



ROSS UNIVERSITY  
SCHOOL OF MEDICINE

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**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 the following documents:
  - a. A copy of your personal statement which accompanied you Ross Application

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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