



MINISTRY OF EDUCATION, TECHNOLOGICAL  
AND VOCATIONAL TRAINING



ROSS UNIVERSITY  
SCHOOL OF MEDICINE

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## Barbados Scholarship Application Criteria and Form

The Ministry of Education, Technological and Vocational Training (METVT) in collaboration with Ross University School of Medicine (RUSM) is pleased to offer scholarship opportunities offered by RUSM to resident citizens of Barbados. METVT is extremely grateful for the support of the University in this regard. The criteria for consideration are as follows:

1. Scholarships cover the cost of medical school tuition (excludes fees) for up to eleven (11) semesters of study at RUSM, provided satisfactory academic progress and good standing (as defined in the RUSM Student Handbook), and are maintained by the student. Up to 2 scholarships may be offered per entering class of first semester students with a maximum of six (6) per fiscal year on a first-come, first served basis.
  2. Eligible students must be citizens of Barbados who have maintained residency in Barbados for the last seven years. Resident citizens of Barbados who study overseas on special visas will be considered to have maintained residency in Barbados.
  3. Students should apply directly to RUSM for acceptance and upon acceptance to the medical school, need to apply to METVT for certification of their scholarship application by mailing their signed application to:
    - a. The Permanent Secretary  
Ministry of Education, Technological and Vocational Training (METVT)  
Elsie Payne Complex, Constitution Road  
St. Michael, Barbados, West Indies  
[ps@mes.gov.bb](mailto:ps@mes.gov.bb)
  4. METVT reviews the application, and notifies RUSM of approved applications by emailing [Scholarships@RossU.edu](mailto:Scholarships@RossU.edu) for further processing and any hard copies mailed to:
    - a. Attn: Admission's, Scholarship Dept.  
Ross University School of Medicine  
10315 USA Today Way  
Miramar, FL 33027  
United States of America
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## Barbados Scholarship Application Form

Full Name: \_\_\_\_\_

National Registration Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Local Secondary School: \_\_\_\_\_

University Graduate: \_\_\_\_\_

University Overall GPA: \_\_\_\_\_

Please attach the following documents:

- A copy of your personal statement which accompanied your RUSM Application

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

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

By signing this document, I attest that the information submitted in this application is true and correct to the best of my knowledge.

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