

Bahamas Institute of Business and Technology

Scholarship Application

Please complete the information requested below and submit to info@bibtbahamas.com														
				Pe:	rson	al Info	rmation							
Last Name:							First Name:					MI:		
Date of Birth				Sex	Male Female Nationality									
P O Box:				Street:	City:									
Phone C:			1	Phone W: Phone H:										
Intended Major Area of Study:								Em	ail					
Check Program	neck Program Level O Certificate			O Di	O Diploma O Associate Degree O B				Bachelor	elor Degree O Other				
Enrollment Status:					Credits earned to date: C					Currentl	ently enrolled			
If you are not o	If you are not currently enrolled, please state your anticipated enrollment date:													
	Academic Information													
Give the name	of hi	gh scho	ol atte											
High school ac	ldress	3												
High school gr		Special award received:												
Please List BGCSE Passes Below														
Subject			Gra	de	Yea	r	Subject	t			Grade	Yea	r	
Please state br	iefly y	why you	ı woul	d benef	it fro	om a B	IBT Scho	larshin	Gran	t·				
Please state br	iefly v	why you	ı woul	d benef	it fr	om a B	IBT Scho	larship (Gran	t:				
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Please state br	•		ı woul	d benef	it fro	om a B	IBT Scho	larship	Gran	t:				
	gnatur	re:								Date:	Oo Not Sca	n Forn	1	
Applicant's sig	gnatur ı is co	re:								Date:	Oo Not Sca	n Forn	1	
Applicant's sig	gnatur ı is co	re:								Date:	Do Not Sca	n Forn	1	