



BARBADOS CANCER ASSOCIATION USA (BACA), INC.

P. O. Box 3094, Grand Central Station

New York, NY 10163-3094

info@barbadoscancerusa.org <http://barbadoscancerusa.org/>

Tel. and Fax: 1-866-729-1011

BACA Scholarship Application Form

General Information

Full Name of Applicant: _____

Home Address: _____

Email Address: _____

Home phone: _____ Cell phone: _____

Date of Birth: ____ / ____ / ____

Place of Birth: _____

I am a Barbadian: by birth _____ by descent _____

If by descent, what generation?

2nd generation (by parent(s)): ____ 3rd generation (by grandparent(s)) ____

Please list name(s) of parent(s) and/or grandparent(s) below:

Parent(s): _____

Grandparent(s): _____

Name of school to which you have been accepted: _____

Name of school in which you are currently enrolled: _____

Application Statement

The information provided above is, to the best of my knowledge, complete and accurate, and I understand that false statements on this application will disqualify me from consideration for a scholarship.

Applicant's signature: _____ Date: _____



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Essays

Both essays must be submitted with your application form.

Essay # 1:

In about 500 words answer the following:

Tell us who you are: include your talents and interests; community service (if any); your long and short-term goals and your plans to achieve them.

What factors do you think might impact your ability to achieve these goals?

Please tell us why you should be awarded a BACA scholarship.

Essay # 2

Who is your hero? Explain why?

Submission of Application Form

Print the application form, complete it and scan it with your application materials to info@barbadoscancerusa.org .

Alternatively, completed printed application forms can be mailed to:

BACA Scholarship Program
P.O. Box 3094
Grand Central Station
New York, NY 10163-3094

Questions about the application process may be directed to info@barbadoscancerusa.org .

All application materials must be received by August 31, 2017.