

MARITIME CAY, NASSAU, BAHAMAS

Anchoring Dreams & Piloting Careers

FINANCIAL AID APPLICATION

General Information on Financial Aid, the Process for Applying and the Application Form

POLICY STATEMENT ON FINANCIAL AID.

LJM Maritime Academy (LJMMA) desires to provide each young Bahamian citizen desiring a career as an officer seafarer an opportunity to receive academic training despite financial constraints. However, LJMMA has limited funding from which it can assist eligible students, so in most cases only partial scholarships are awarded.

WHAT IS FINANCIAL AID?

Financial assistance granted by LJMMA to eligible students according to the measurement of demonstrated financial need or for merit which support the Academy's goal of excellence in education. Amount of the assistance is weighed against expenses to attend the Academy and available resources of the student.

HOW DO I APPLY FOR FINANCIAL AID?

- Be a Bahamian citizen
- Submit an application for entry to LJMMA
- Complete and submit a completed financial aid application form, along with all of the required documentation by the specified deadline.

HOW IS THE AMOUNT OF MY FINANCIAL AID CALCULATED?

Your level of financial assistance will be assessed and calculated based on the verification of the documentation you submit.

HOW LONG CAN I RECEIVE FINANCIAL AID?

You can receive financial assistance up to two years from the date of your enrolment into the Academy.

CAN I LOSE MY FINANCIAL AID?

-Yes. To retain financial aid, you must maintain a minimum cumulative grade point average (GPA) of a 'C' grade.

- You must have exemplary deportment.

WHAT IS THE DEADLINE FOR APPLYING FOR FINANCIAL AID?

- Applications for Financial Aid should be submitted at the same time that your application for entry into the Academy is submitted for entry into the Academy, but no later than 31 May each year for incoming
- Applications from currently enrolled students are received up to 15 July each year.

THE FINANCIAL AID APPLICATION PROCESS.

Step 1: Following submission of your application to LJMMA, complete a Financial Aid Application Form.

Step 2: Submit completed application, along with all required documentation, to the Financial Aid Office by the stipulated deadline.

Step 3: Financial Aid Office will inform you of a decision within four weeks of receipt of the application.



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SECTION I: PERSONAL DATA

LAST NAME:	FIRST NAME	FIRST NAME		MIDDLE NAME		
DATE OF BIRTH	SEX:		MARITAL	STATUS:		
MDYR	M	F	S	DW		
PLACE OF BIRTH:		CITIZENSHIP:				
PERMANENT ADDRESS:						
HOUSE # AND STREET ADDRESS:	P. O. BOX		ISLAND			
PERSONAL EMAIL ADDRESS:		LJMMA EMAIL ADDRESS:		LJMMA STUDENT NUMBER:		
EMERGENCY CONTACT INFORMATION:						
NAME	RELATIONSHIP	NAME		RELATIONSHIP		
EMAIL AND TELEPHONE NUMBER		EMAIL AND TELEPHONE NUMBER				
SECTION II: ENROLMENT STATUS						
I HAVE BEEN ACCEPTED AT LJMMA:		YES		NO		
CADET PROGRAMME:		ENGINE		NAVIGATION		



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I AM THE FIRST PERSON IN MY FAMILY TO ENTER THE SEAFARING PROFESSION		YES	NO	
SECTION III: DEPENDEN	NCY STATUS			
ACCURATE INFORMATION	ON. FALSIFICATION O ONSIDERATION OF FIN	IDENCY STATUS. PLEASE PR F INFORMATION IN THIS OR JANCIAL AID AND MAY RESU	ANY OTHER SECTION	
1. I AM MARRIED	1. I AM MARRIED		NO	
2. I DEPEND ON MY PARENTS FOR FINANCIAL SUPPORT:		YES	NO	
3. I AM OVER 17 AND UNDER 25 YEARS OF AGE:		YES	NO	
SECTION IV: PARENT/G	HADDIAN EINANGLA	INCODMATION		
Dependents are required to p and/or your legal guardian(s) percentage of total household All information must be accu- checklist. Your responses wi LJMMA expenses. The rate a based on the level of household	rovide the financial informate expected to make a collinguate and must be accompalled determine the amount of and percentage of household income available.	3, skip Section 4 and complete all mation of parent(s) and/or legal gu ontribution to the cost of your edu anied by verification documents as f funding your family is required told income required for your famil	ardian(s). Your parent(s) cation as calculated by a s listed in the application to contribute towards your ly's contribution will vary	
FATHER/STEPFATHER/MALE GUARDIAN INFORMATION		INFORMATION CONTRACT GUARDIAN		
NAME	RELATIONSHIP	NAME	RELATIONSHIP	
EMPLOYER	TELEPHONE	EMPLOYER	TELEPHONE	
OCCUPATION/JOB TITLE	CURRENT SALARY (ANNUAL)	OCCUPATION / JOB TITLE	CURRENT SALARY (ANNUAL)	



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SECTION V: FAMILY HOUSEHOLD INFORMATION

You must complete this section in order for the total available financial resources to be assessed when measuring the amount of aid you may receive.

All information must be accurate and must be accompanied by verification documents as listed in the application checklist.

Your responses will determine the amount of funding your family is required to contribute toward your LJMMA expenses.

Your family household information is required to determine factors which may impact the amount of aid you qualify to receive based on the number of people your household income supports and on other circumstances as listed below.

I live with my parent(s)/ legal guardian(s)	YES	NO	
I depend on the government for financial support	YES	NO	_
3. My household has incurred major medical expenses for one of its members. If you answer "yes" to this question and wish this to be taken into consideration, you must provide supporting documentation and attach it to the application.	YES	NO	
4. My household has suffered a major disaster in the last 12 months (e.g., fire, hurricane, flood, other catastrophic event). If you answer yes to this question and wish this to be taken into consideration, you must provide supporting documentation and attach it to the application.	YES	NO	
5. Number of people living in my household, including me:			
6. Number of people in my household currently attending college or other post-secondary institutions full-time including me:			
SECTION VI: ESTIMATED APPLICANT CONTR	RIBUTION		

THIS SECTION IS TO BE COMPLETED IF THE APPLICANT IS EMPLOYED



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NAME OF COMPANY						
ADDRESS	EMPLOYER		TELEPHO	TELEPHONE		
JOB TITLE		CURRENT SALARY (ANNUAL)				
SECTION VII: FINANCIAL AI	ID & AWARDS					
The Academy expects students to	make every effort to	secure all poss	sible financial resou	ırces available to	o them. In	
the space immediately below, list						
from public or private sources an progress or the award has been gr		iute toans or av	vards. Indicate whe	ther the applica	tion is in	
Name of the Financial Agency/A		\$ Value of	Application in	Grant	Grant	
(e.g., Lyford Cay Foundation)		Financial Assistance	Progress	Awarded	Denied	
SECTION VIII: DECLARATIO	ON OF TRUE STAT	EMENT				
This section requires your signature and, in the case of an applicant under 18 years of age, the signature of a parent or guardian.						
I DECLARE THAT THE INFORMATION DISCLOSED IN THIS APPLICATION IS TRUTHFUL AND ACCURATE.						
I ACKNOWLEDGE THAT PROVIDING ANY FALSE AND/OR INACCURATE INFORMATION WILL						
RESULT IN THE FORFEITURE OF ANY FINANCIAL AID GRANTED BY LJMMA						
Applicant Signature	Date					
Parent / Guardian Signature		Date				
SECTION IX: APPLICATION CHECKLIST						
- Completed Financial Aid Application Form						

- Proof of Bahamian citizenship (e.g., copy of relevant pages of a valid Bahamian passport).
- Proof of other financial awards.
- Proof of annual household income.
- Proof of indirect educational expenses (e.g., rent), if applicable.
- Proof of academic credentials
- Certification of good character
- Proof of financial status, e.g. Bank letter



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