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 students.
- 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	L STATUS:	
MDYR	M	F	S	_MW	
PLACE OF BIRTH:		CITIZENSHIP:			
PERMANENT ADDRESS:		1			
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: ENROLMEN	<u>T STATUS</u>	1			
I HAVE BEEN ACCEPTED	AT LJMMA:	YES		NO	
CADET PROGRAMME:		ENGINE		NAVIGATION	

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I AM THE FIRST PERSON ENTER THE SEAFARING		YES	NO	
SECTION III: DEPENDE	NCY STATUS			
ACCURATE INFORMATION	ON. FALSIFICATION O	NDENCY STATUS. PLEASE PF OF INFORMATION IN THIS OR NANCIAL AID AND MAY RES	ANY OTHER SECTION	
1. I AM MARRIED		YES	NO	
2. I DEPEND ON MY PARENTS FOR FINANCIAL SUPPORT:		YES	NO	
3. I AM OVER 17 AN OF AGE:	ND UNDER 25 YEARS	YES	NO	
SECTION IV: PARENT/G	UARDIAN FINANCIA	L INFORMATION		
If you answered "Yes" to qu	estion 1, 2 or 3 in Section	3, skip Section 4 and complete al	l sections that follow.	
) are expected to make a c	mation of parent(s) and/or legal gr contribution to the cost of your edu		
checklist. Your responses wi	Il determine the amount o and percentage of househousehousehousehousehousehousehouse	anied by verification documents a of funding your family is required old income required for your fami	to contribute towards your	
FATHER/STEPFATHER/MALE GUARDIAN INFORMATION		MOTHER/STEPMOTHER/FEMALE GUARDIAN INFORMATION		
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.

1. I live with my parent(s)/ legal guardian(s)	YES NO
2. I depend on the government for financial support	YES NO
 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. 	YESNO
 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. 	YESNO
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	IBUTION

THIS SECTION IS TO BE COMPLETED IF THE APPLICANT IS EMPLOYED

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NAME OF COMPANY						
ADDRESS	EMPLOYER	EMPLOYER		TELEPHONE		
JOB TITLE		CURRENT SALARY (ANNUAL)				
SECTION VII: FINANC	CIAL AID &AWARDS					
The Academy expects stu the space immediately be from public or private sou	idents to make every effort to low, list all financial assistar urces and whether they const	ice sources for v	which you have ap	plied, whether	these are	
progress or the award has been granted or denied. Name of the Financial Agency/Assistance (e.g., Lyford Cay Foundation)		\$ Value of Financial	Application in Progress	Grant Awarded	Grant Denied	
		Assistance				
ACCURATE. I ACKNOWLEDGE THA	E INFORMATION DISCLOS AT PROVIDING ANY FAL	SE AND/OR II	NACCURATE INF	FORMATION		
RESULT IN THE FORF	Date	IAL AID GRAI	NTED BY LJMMA	ł	WILL	
Applicant Signature	Date	Date	NTED BY LJMMA	A		
	Date		NTED BY LJMM	•		

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