



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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Essay Questions

Essay must be a minimum of 500 words, typed, double spaced, in Times New Roman and 12 Pt font and submitted with your application form.

Essay Criteria:

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.

Why have you chosen a career in the health sciences? And how do you plan to contribute to the greater society?

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

All application materials must be received by August 31, 2022.