



THE UNIVERSITY OF THE WEST INDIES

MONA CAMPUS

OFFICE OF STUDENT FINANCING

THIS IS AN AMENDED VERSION OF THE ORIGINAL APPLICATION FORM FROM THE OFFICE OF STUDENT FINANCING WHICH IS USED BY THE MARY SEACOLE HALL NEEDY STUDENTS' FUND COMMITTEE

INSTRUCTION SHEET

1. Please **read the instructions carefully** before completing this form and answer **all** relevant questions. Incomplete applications will **not** be processed.
2. Completed application forms should be submitted to the Mary Seacole Hall Main Office in a sealed envelope.
3. Please indicate 'N/A' where the information requested in an item is not applicable to your situation.
4. Where income figures are required, gross amounts must be stated.
5. The **Referees' Affidavit** must be submitted with all application forms. Kindly note the following persons from whom references may be obtained:
 - Senior member of the academic staff (e.g. Lecturer)
 - Student Services Manager
 - UWI Counsellors (Health Centre)
 - Justices of the Peace
 - Ministers of Religion
 - Resident Advisors



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MONA CAMPUS

MARY SEACOLE HALL NEEDY STUDENTS' FUND

APPLICATION FOR FINANCIAL ASSISTANCE

BIOGRAPHIC PROFILE

1. UWI ID #		2. TRN #			
3. NAME	Title e	Last Name/Surname	First Name	Middle Name(s)	
4. Hall Name			Block	Room Number	
5. Date of Birth dd / mm / yyyy		6. Sex: Male [] Female []		7. Marital Status	
8. Country of Birth			9. Nationality		
10. Disability		11. Employment Status		12. Employer	

CONTACT INFORMATION

13. Permanent Address		16. Term/Mailing Address	
Apt./Street/P.O. Box _____		Apt./Street/P.O. Box _____	
_____		_____	
_____		_____	

City/Town	Parish	Country	City/Town	Parish	Country
14. Home Phone		15. Work Phone		17. Contact Phone	
18. E-mail Address					

ACADEMIC PROFILE

19. First Faculty of Admission		20. Present Faculty		21. Programme (B.A., B.Sc. etc.)		22. State your Major/Option	
23. Enrolment Status		24. Level		25. Country of Responsibility		26. Expected Date of Graduation	

PARENTAL INFORMATION

Mother or Stepmother (Omit as necessary)				Father or Stepfather (Omit as necessary)			
27. Name				34. Name			
28. Address _____ _____ _____				35. Address _____ _____ _____			
29. Telephone (W)				36. Telephone (W)			
30. Telephone (H)				37. Telephone (H)			
31. Occupation				38. Occupation			
32. Employer				39. Employer			
33. Salary \$ _____				40. Salary \$ _____			
Weekly - [] Fortnightly - [] Monthly - [] Annually - []				Weekly - [] Fortnightly - [] Monthly - [] Annually - []			

56. Tuition Fees

57. Books and Supplies

58. Accommodation

Hall of Residence

Off Campus

59. Food

60. Clothing

61. Toiletries

62. Transportation

To and From UWI

Field Trip

63. Contingencies (Please Specify)

Item	Cost (\$)
a.	_____
b.	_____
c.	_____
d.	_____

64. Total Expenses

=====

65. Present Bank Balance

66. Spouse's Contribution

67. Family Contribution

68. Contribution From Other Sources

69. Proceeds From Employment

70. Awards (e.g. Scholarships, Bursaries)

Name of Award	Value
a.	(\$)
b.	(\$)
c.	(\$)

71. Tuition Loans (e.g. SLB etc.)

Name of Award	Value
a.	(\$)
b.	(\$)

72. Grants

a.	(\$)
b.	(\$)

73. Other Income/Resources

74 Total Income/Resources

=====

75. Shortfall (Subtract Total Expenses from Total Income)

76. I affirm that the information provided within this form is correct:

Applicant's Signature

Date (dd/mm/yyyy)

87. What do you know of the applicant's family?

88. What do you know about the co-curricular activities of the applicant?

89. Is this person experiencing financial difficulties?

Yes []

No []

90. If 'yes' please explain:

91. Would you regard the student as someone with integrity?

Yes []

No []

92. If 'yes' please explain:

For Official Use Only

Date document submitted _____

Is form completely filled out? Yes [] No []

Assessment Committee's Decision
