



# THE UNIVERSITY OF THE WEST INDIES

## MONA CAMPUS

### FINANCIAL INFORMATION QUESTIONNAIRE INSTRUCTION SHEET

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- a) Please **read the instructions carefully** before completing this questionnaire and answer all relevant questions.
- b) Completed questionnaire must be submitted to the Admissions Section Registry.
- c) **All applicants must complete all relevant sections of this questionnaire.**
- d) Please indicate 'N/A' if the information is not applicable to your situation.
- e) All references to fees below include cost of tuition, miscellaneous fees, books, meals, lodgings and other maintenance costs.
- f) Where income figures are required, gross annual income must be stated.
- g) All income, whether yours or financial provider(s), must be verified. Methods of verification include:
  - a) letter from employer;
  - b) **last three (3)** pay slips;
  - c) letter from Justice of the Peace, in case of self-employed persons;
  - d) **current** audited accounts from business owners.

#### **Statement of Financial Resources**

**Personal Savings/Employment:** If you intend to meet your financial obligations using proceeds from your employment and/or personal savings, you need to provide documentation that proves you have sufficient resources to do so; acceptable documentation includes (along with those listed in item 7 above):

- a) a certified bank statement or similar certified statement from a financial institution where you have a deposit account in your name;
- b) a letter of commitment from your employer stating dollar value of employer's sponsorship.

**Family Contribution:** If your parent(s) and/or other family member(s) are going to pay your fees they will have to provide you with:

- a) a certified bank statement or similar certified statement from a financial institution where the family members holds a deposit account / investment(s) in their own name.

**Student Loan:** If you have applied for a student loan to pay your fees you are required to submit either:

- a) a receipt or some other form of documentation proving that a loan application has been made on your behalf; **or**
- b) a letter of commitment from the lending institution stating dollar value of loan.

**Award:** If you have received a scholarship, bursary or other form of non-loan financial support from a donor agency please provide:

- a) a letter of commitment from the donor stating dollar value and duration of award.

**Other:** In the space provided please provide a detailed statement indicating source of funding. Please note that documentary evidence will have to be provided.

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### FINANCIAL INFORMATION QUESTIONNAIRE

#### Section A

1. Name:				2. TRN:			
3. ID#				4. FT/PT			
5. How do you plan to pay your fees? (Select applicable options, details to be provided below):							
<input type="checkbox"/> Personal Savings/Employment		<input type="checkbox"/> Family		<input type="checkbox"/> Award (Scholarship, etc)		<input type="checkbox"/> Other	

#### PLEASE PROVIDE DETAILS OF HOW YOU PLAN TO PAY YOUR FEES:

Personal Savings/Employment (Please provide documentary evidence of income, eg. commitment letter from employer etc.)

6. Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. If you are employed, please state gross monthly income: \$ _____
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#### Section B

#### Section C

Annual Expenses (\$)		Annual Source of funds		Amounts (\$)
8. Tuition Fees	_____	16. Self & Family Contribution		
9. Books and Supplies	_____	Name: _____		
10. Accommodation	_____	Address: _____		
Living With Relatives	_____	Tel. Nos: _____		
Hall of Residence	_____	Email: _____		
Off Campus	_____	17. Student Loan Bureau		
11. Food	_____	18. Other Government Assistance		
12. Clothing	_____	Name: _____		
		19. Other Loans		
13. Transportation		Address: _____		
To and From UWI	_____	Tel. No: _____		
Field Trips	_____	Email: _____		
14. Other Major Expenses		20. Scholarship / Bursary		
Item	Cost (\$)	Name: _____		
a. _____	_____	Address: _____		
b. _____	_____	Tel. No: _____		
c. _____	_____	Email: _____		
d. _____	_____	21. Other		
		Specify _____		
		Total Source of Funds	_____	
15. Total Expenses	_____			

22. I will pay the required fees to The University of the West Indies, Mona Campus, as required by its regulations.  
 I am aware that The University reserves the right to cancel course registration if I do not meet my financial obligation within the agreed period.

Applicant's Signature \_\_\_\_\_

Date (dd/mm/yyyy) \_\_\_\_\_