



THE UNIVERSITY OF THE WEST INDIES
MONA CAMPUS

OFFICE OF STUDENT FINANCING

APPLICATION FOR SCHOLARSHIP AND BURSARIES

INSTRUCTION SHEET

- Please **read the instructions carefully** before completing this form and answer all relevant questions. Incomplete applications will not be processed.
- Completed application forms should be submitted to the **Office of Student Financing, UWI Mona Campus**.
- Only Full-Time Undergraduate Students at the Mona Campus are eligible for Scholarships and Bursaries.
- Please indicate 'N/A' only where the information requested in an item is not applicable to your situation.
- Where income figures are required, gross amounts must be stated.
- **All applicants must complete** item 1 through to item 100. This is **mandatory**
- **The Referee's Affidavit must be signed, stamped (or sealed) and submitted** with all application forms (items 102 through to 124). Kindly note the following persons from whom references may be obtained:
 - Senior member of the UWI academic staff (e.g. Lecturer, Student Services' Managers)
 - UWI Counsellors (Health Centre)
 - Justices of the Peace
 - Ministers of Religion
 - High School Principal/Vice Principal/ Guidance Counsellor

*** Referee's must know the applicant for a minimum of two (2) years and should be able to attest to the information provided by the applicant*

Scholarships and Bursaries

- **All persons applying for scholarships or bursaries**, must complete, in addition to the mandatory items
- **If participation in co-curricular activities is a criterion of an award** for which an applicant wishes to apply, the applicant will have to provide:
 - **For Off-Campus Co-curricular Activities:**
A letter of support written by the President, Chairman or Secretary of the Regional, National or Community organisation which states clearly-
 1. the nature of the organisation;
 2. the length and nature of the applicants' involvement.

***** Co-curricular transcripts for on-campus activities may be obtained from the Office of Student Services and Development.***



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MONA CAMPUS

OFFICE OF STUDENT FINANCING
APPLICATION FOR SCHOLARSHIPS & BURSARIES

LIST OF AWARDS

UWI ID #:				
NAME	Title	Last Name/Surname	First Name	Middle Name(s)
PLEASE LIST THE AWARDS FOR WHICH YOU WISH TO APPLY (IN ORDER OF PREFERENCE):				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				



THE UNIVERSITY OF THE WEST INDIES
MONA CAMPUS

OFFICE OF STUDENT FINANCING

APPLICATION FOR FINANCIAL ASSISTANCE

BIOGRAPHIC PROFILE					
1. UWI ID #:			2. TRN :		
3. NAME	Title	Last Name/Surname	First Name	Middle Name(s)	
4. Former NAME (If Applicable)	Title	Last Name/Surname	First Name	Middle Name(s)	
5. Name Type of Former Name: Maiden [] (Prior to) Deed Poll [] Other [] Please Specify _____					
6. Date of Birth dd / mm / yyyy			7. Sex: Male [] Female []		8. Marital Status
9. Country of Birth			10. Nationality		
11. Are you a UWI Staff Member? Yes [] No []			12. Are you a dependent of a UWI Staff Member? Yes [] No []		
13. Disability		14. Employment Status		15. Employer	
16. Employer's Address _____					
17. Employer's Telephone _____			18. Employer's E-mail Address _____		
19. High School Attended:					
CONTACT INFORMATION					
20. Permanent Address Apt./Street/P.O. Box _____ _____ _____			21. Term/Mailing Address (if you reside on Hall please provide full details) Apt./Street/P.O. Box _____ _____ _____		
City/Town	Country	Home Phone	City/Town	Parish	Country
22. E-mail Address		23. Cellular Phone #	24. Contact #1		25. Contact #2

ACADEMIC PROFILE

26. First Faculty of Admission	27. Present Faculty	28. Programme (B.A., B.Sc. etc.)	29. State your Major/Option
30. Enrolment Status Full Time [] Part Time []	31. Level/Year	32. Country of Responsibility	33. Expected Date of Graduation
34. Campus	35. Hall of Residence (<i>Residing</i>)	36. Hall of Residence (<i>Attachment</i>)	

PARENTAL INFORMATION

Mother or Stepmother (Omit as necessary) 37. Name 38. Address _____ _____ _____ 39. Telephone (W) 40. Telephone (H) 41. Occupation 42. Employer 43. Salary \$ _____ Weekly - [] Fortnightly - [] Monthly - [] Annually - []	Father or Stepfather (Omit as necessary) 44. Name 45. Address _____ _____ _____ 46. Telephone (W) 47. Telephone (H) 48. Occupation 49. Employer 50. Salary \$ _____ Weekly - [] Fortnightly - [] Monthly - [] Annually - []
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SPOUSAL INFORMATION

APPLICANT'S DEPENDENTS

51. Name 52. Address (If Different from Applicant's Permanent Address) _____ _____ _____ 53. E-mail Address 54. Telephone (H) 55. Telephone (W) 56. Occupation 57. Employer 58. Salary \$ _____ Weekly - [] Fortnightly - [] Monthly - [] Annually - []	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">59. Name</td> <td style="width: 20%;">60. Age</td> </tr> <tr> <td colspan="2">61. Name of Child's School</td> </tr> <tr> <td>62. Name</td> <td>63. Age</td> </tr> <tr> <td colspan="2">64. Name of Child's School</td> </tr> <tr> <td>65. Name</td> <td>66. Age</td> </tr> <tr> <td colspan="2">67. Name of Child's School</td> </tr> <tr> <td colspan="2">68. Other Dependent Children? Yes [] No []</td> </tr> </table>	59. Name	60. Age	61. Name of Child's School		62. Name	63. Age	64. Name of Child's School		65. Name	66. Age	67. Name of Child's School		68. Other Dependent Children? Yes [] No []	
59. Name	60. Age														
61. Name of Child's School															
62. Name	63. Age														
64. Name of Child's School															
65. Name	66. Age														
67. Name of Child's School															
68. Other Dependent Children? Yes [] No []															

BUDGET PLANNER

69. Budget for Academic Year **2018/2019**

Expenses (\$)	Income/Resources (\$)
70. Tuition Fees _____	79. Present Bank Balance _____
71. Books and Supplies _____	80. Spouse's Contribution _____
72. Accommodation _____	81. Family Contribution _____
Hall of Residence _____	82. Contribution From Other Sources _____
Off Campus _____	83. Proceeds From Employment _____
73. Food _____	84. Awards (e.g. Scholarships, Bursaries)
74. Clothing _____	Name of Award _____ Value _____
75. Toiletries _____	a. _____ (\$) _____
76. Transportation _____	b. _____ (\$) _____
To and From UWI _____	c. _____ (\$) _____
Field Trip _____	85. Tuition Loans (e.g. SLB etc.) _____ Value _____
77. Contingencies (Please Specify)	a. _____ (\$) _____
Item _____ Cost (\$) _____	b. _____ (\$) _____
a. _____	86. Grants
b. _____	a. _____ (\$) _____
c. _____	b. _____ (\$) _____
d. _____	87. Other Income/Resources _____
78. Total Expenses _____	88. Total Income/Resources _____
=====	=====

89. Shortfall (Subtract Total Expenses from Total Income)

90. I confirm that the information provided is correct and acknowledge that any incorrect information provided will be grounds for the application to be rejected:

Applicant's Signature

Date (DD/MM/YYYY)

REFEREE'S AFFIDAVIT

102. NAME	Last Name/Surname	First Name	Middle Initial(s)
103. Address			
104. Telephone (H)		105. Telephone (W)	106. E-mail Address
107. Occupation		108. Name of Employer/Business	
109. Name of STUDENT being recommended			
110. How long have you known him/her?		Year(s)	Month(s)
111. What do you know of the applicant's family?			
112. What do you know about the co-curricular activities of the applicant?			
113. To your knowledge, is this person experiencing financial difficulties? Yes [] No []			
114. If 'yes' please explain:			
115. Would you regard the student as someone with integrity? Yes [] No []			
116. If 'yes' please explain:			
117. How would assistance from this office benefit the student?			
118. Is there any other pertinent information that you think we should know? Yes [] No []			
119. If 'yes' please explain:			
120. I hereby declare that the information provided above and by the applicant is to the best of my knowledge true.			
Signed _____		Date dd / mm / yyyy	

- N.B.**
- Referees must know the applicant for at least two (2) years and should be able to attest to the information provided by the applicant.
 - All Referees must affix the official stamp of their office / department / organization.
 - Justices of the Peace (JP's) must affix their official seal provided by the Government.

121. Academic distinctions and/or prizes received:		
122. State benefits to be gained after successful completion of your degree programme:		
123. State reason(s) for applying which may include, but not restricted, to financial circumstances:		
124. PREVIOUS ASSISTANCE RECEIVED FROM THIS OFFICE (IF APPLICABLE)		
DONOR	YEAR	AMOUNT (\$)

For OSF Use Only	
Documents Submitted	
Assessment Committee's Decision	