

The University of the West Indies Mona Campus

STUDENT ACADEMIC ENRICHMENT FUND Application Form

Please submit the completed form and the requested documents to the Office of Student Financing, UWI.

RULES/ELIGIBILITY/REQUIREMENTS:

The Fund supports activities such as:

- Attendance at conferences/seminars/workshops;
- Participation in UWI sponsored field trips & educational tours;
- Exchange programmes.

Students must complete an application form, supplying all the information requested. Requests must be submitted along with a detailed budget, supporting invoices, student's contribution and other relevant documents and should be routed through the Head of Department and Dean of the Faculty to which the student belongs. The Dean as well as the Head of Department must approve the student's attendance at the conference/seminar/workshop/exchange/activity.

- Applications must be supported by a statement from the Head of Department outlining the value of the activity for the student's academic enrichment.
- Applicants must provide evidence of all other grants received from UWI or other sources.

CRITERIA:

Applicants must be in good financial standing with the University and have an unblemished disciplinary record.

- Applicants must have at least a GPA of 3.30 at the time of applying.
- Students are required to be full-time, final year students who will be participating in the activity for which they have applied.
- Students are required to be active members of the clubs or societies on Campus and have verifiable evidence of community and other contribution.

Any student who wishes to be considered for assistance should submit his/her request at least four weeks before the advertised date of that meeting.

Fulfillment of the criteria guarantees that requests will be considered but the Selection Committee reserves the right to determine who receives assistance and the level of such assistance.



1) NAME:_

APPLICANT'S PERSONAL DATA:

The University of the West Indies Mona Campus STUDENT ACADEMIC ENRICHMENT FUND **Application Form**

NB: Only COMPLETED application forms will be accepted and reviewed.

1) NAME: 2) ID#: 3) FACULTY: 4) STATUS: Full Time () Part Time () 5) 5) CURRENT YEAR OF STUDY:	6) PROGRAMME (B.Sc, BA, etc): 7) MAJOR: 8) EXPECTED DATE OF GRADUATION: 9) CELLULAR PHONE #: 10) E-MAIL ADDRESS:			
ACTIVITY INFORMATION:				
9) NAME OF ACTIVITY:				
10) LOCATION: 11) DURATION:				
12) DATE OF ACTIVITY: 13) INVOLVEMENT: Attend () Participate ()				
14) IF YOU CHECKED PARTICIPATE IN QUES. 13, OUTLINE THE NATURE OF YOUR PARTCIPATION:				
15) STATE BENEFIT(S) TO BE DERIVED FROM ACTIVE	ITY:			
16) BRIEFLY INDICATE YOUR ACTIVE INVOLVEMENT	IN ANY CLUBS/SOCIETIES:			

Please indicate your fund raising efforts:

Applicant's Signature:

Income \$ Expenses \$ 17. Monies Collected/Committed to date: 18. Please indicate the expenses that you will accrue: Collected (Source): Value \$ Tuition \$ Airfare \$ Accommodation \$ Food \$ Outstanding (Source): Value Other Items: \$ Collected (Source): Value Other Items: Total Income/Resources Total Income/Resources Total Income/Resources 19) Shortfall (Subtract Total Expenses from Total Income) 20) HAVE YOU PREVIOUSLY APPLIED TO THIS FUND? Yes () No () 21) IF YOU CHECKED "Yes" FOR Ques. 20, DID YOU RECEIVE FUNDING? Yes () No () 22) HAS YOUR REQUEST FOR FUNDING FOR THIS ACTIVITY BEEN DECLINED BY A UWI BUDGET HOLDER? Yes () No () 23) If "Yes" to Ques. 22, STATE THE REASON GIVEN BY THE BUDGET HOLDER:		Budge	ET PLANNER		
17. Monies Collected/Committed to date: 18. Please indicate the expenses that you will accrue: Collected (Source): Value \$ Tuition \$ Airfare \$ Accommodation \$ Outstanding (Source): Value Other Items: \$ \$ Personal Contribution: \$ Total Income/Resources Total Expense 19) Shortfall (Subtract Total Expenses from Total Income) 20) HAVE YOU PREVIOUSLY APPLIED TO THIS FUND? Yes () No () 21) IF YOU CHECKED "Yes" FOR Ques. 20, DID YOU RECEIVE FUNDING? Yes () No () 22) HAS YOUR REQUEST FOR FUNDING FOR THIS ACTIVITY BEEN DECLINED BY A UWI BUDGET HOLDER? Yes () No ()	Income \$		Fynenses \$		
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23) If "Yes" to Ques. 22, STATE THE REASON GIVEN BY THE BUDGET HOLDER:	22) HAS YOUR REQUEST F	OR FUNDING FOR THIS ACT			
	23) If "Yes" to Ques. 22, 5	STATE THE REASON GIVEN B	Y THE BUDGET HOLDER:		

Date:

CC	COMMENTS BY HEAD OF DEPARTMENT:				
	24) PROGRAMME VALUE TO STUDENT:				
25) IS THE DEPARTMENT ABLE TO OFFER FUNDING FOR THIS ACTIVITY? Yes () No ()					
	26) IF "Yes" TO QUES. 26, KINDLY INDICATE HOW MUCH: \$				
27) PLEASE MAKE THE RECOMMENDATIONS REGARDING THE GRANTING OF FUNDING TO THIS STUDENT:					
	Name of HOD: Date Date				
CC	OMMENTS BY DEAN OF THE FACULTY:				
	28) IS THE DEAN'S OFFICE ABLE TO OFFER FUNDING FOR THIS ACTIVITY? Yes () No ()				
29) IF "Yes" TO QUES. 29, KINDLY INDICATE HOW MUCH: \$					
30) PLEASE MAKE THE RECOMMENDATIONS REGARDING THE GRANTING OF FUNDING TO THIS STUDENT:					
	Name of Dean: Date				
CC	OMMENTS BY OFFICE OF STUDENT FINANCING:				
31) FINANCIAL STANDING/CURRENT INDEBTEDNESS:					
32) STUDENT'S GPA FOR CURRENT A/C YEAR :					
33) SHORTFALL (Final figure):\$					
	34) COMPLETED BY:				

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For Official Use Only							
Approved:	Amount:						
Date:	Signature:						
	Assessment Committee's Comments						