

THE ROGER AND DEANAH COGLE SCHOLARSHIP

APPLICATION FORM

BIOGRAPHIC PROFILE					
1. UWI ID #:			2. TRN :		
3. NAME	Title	Last Name/Surname	First Name	Middle Name(s)	
4. Former NAME <i>(If Applicable)</i>	Title	Last Name/Surname	First Name	Middle Name(s)	
5. Name Type of Former Name: Maiden <input type="checkbox"/> (Prior to) Deed Poll <input type="checkbox"/> Other <input type="checkbox"/> Please Specify _____					
6. Date of Birth dd / mm / yyyy		7. Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		8. Marital Status	
9. Country of Birth			10. Nationality		
CONTACT INFORMATION					
11. Permanent Address Apt./Street/P.O. Box _____ _____ _____			12. 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
13. E-mail Address		14. Cellular Phone #	15. Contact #1		16. Contact #2

PARENTAL INFORMATION	
Mother or Stepmother (Omit as necessary)	Father or Stepfather (Omit as necessary)
17. Name	21. Name
18. Address _____ _____	22. Address _____ _____
19. Telephone (W)	23. Telephone (W)
20. Telephone (H)	24. Telephone (H)

BUDGET PLANNER

25. Budget for Academic Year **2016/2017**

Expenses (\$)		Income/Resources (\$)	
26. Tuition Fees	_____	35. Present Bank Balance	_____
27. Books and Supplies	_____	36. Spouse's Contribution	_____
28. Accommodation		37. Family Contribution	_____
Hall of Residence	_____	38. Contribution From Other Sources	_____
Off Campus	_____	39. Proceeds From Employment	_____
29. Food	_____	40. Awards (e.g. Scholarships, Bursaries)	
30. Clothing	_____	Name of Award	Value
31. Toiletries	_____	a. _____	(\$) _____
32. Transportation		b. _____	(\$) _____
To and From UWI	_____	c. _____	(\$) _____
Field Trip	_____	41. Tuition Loans (e.g. SLB etc.)	Value
33. Contingencies (Please Specify)		a. _____	(\$) _____
Item	Cost (\$)	b. _____	(\$) _____
a. _____	_____	42. Grants	
b. _____	_____	a. _____	(\$) _____
c. _____	_____	b. _____	(\$) _____
d. _____	_____	43. Other Income/Resources	_____
34. Total Expenses	=====	44. Total Income/Resources	=====

45. Shortfall (Subtract Total Expenses from Total Income)

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

Applicant's Signature

Date (dd/mm/yyyy)

REFEREE'S AFFIDAVIT

47. NAME	Last Name/Surname	First Name	Middle Initial(s)
48. Home Address			
49. Telephone (H)		50. Telephone (W)	51. E-mail Address
52. Occupation		53. Name of Employer/Business	
54. Name of STUDENT being recommended			
55. How long have you known him/her?		Year(s)	Month(s)
56. What do you know of the applicant's family?			
57. What do you know about the co-curricular activities of the applicant?			
58. Is this person experiencing financial difficulties? Yes [] No []			
59. If 'yes' please explain:			
60. Would you regard the student as someone with integrity? Yes [] No []			
61. If 'yes' please explain:			
62. How would assistance from this office benefit the student?			
63. Is there any other pertinent information that you think we should know? Yes [] No []			
64. If 'yes' please explain:			
65. 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.

66. Academic distinctions and/or prizes received:

67. State benefits to be gained after successful completion of your degree programme:

68. State reason(s) for applying which may include, but not restricted, to financial circumstances:

69. PREVIOUS ASSISTANCE RECEIVED FROM THIS OFFICE

DONOR	YEAR	AMOUNT (\$)

For Official Use Only

Documents Submitted

Assessment Committee's Decision
