THE SYLVAN& GEORGE ALLEYNE SCHOLARSHIP

APPLICATION FORM

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 **d d / m m / y y y y**			7. Sex: Male [ ] Female [ ]	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) 17. Name	**Father or Stepfather** (Omit as necessary) 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

_____

_____

_____

_____

_____

_____

_____