

THE UNIVERSITY OF THE WEST INDIES MONA CAMPUS

OFFICE OF STUDENT FINANCING

APPLICATION FOR UWI MONA CAMPUS LAW BURSARY

2021/2022

INSTRUCTION SHEET

- Please **read the instructions carefully** before completing the application form.
- ALL applicants MUST be Jamaican.
- Answer all questions, incomplete applications will not be processed.
- Completed application forms should be submitted to the Office of Student Financing, UWI Mona Campus by the stipulated deadlines
- Where income figures are required, gross amounts (amounts before tax) must be stated.
- All amounts stated in the budget planner (page 5) must be in Jamaican Dollars.
- Students are allowed to have <u>one(1)</u> award of any value <u>or</u> multiple awards where the sum total of the awards does not exceed the value of <u>tuition</u>
- The Referee's Affidavit must be signed, stamped (or sealed) and submitted with all application forms. Kindly note the following persons from whom references may be obtained:
 - Senior member of the UWI academic and professional staff (e.g. Lecturer, Student Services' Development Managers, Senior Assistant Registrars)
 - 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
- References are valid for six (6) months.
- Do not affix this sheet to the application when submitting.



THE UNIVERSITY OF THE WEST INDIES MONA CAMPUS

OFFICE OF STUDENT FINANCING APPLICATION FOR UWI MONA CAMPUS LAW BURSARY 2021/2022

| UWI ID #: | | | | | |
|-----------|-------------------|------------|----------------|--|--|
| Title | Last Name/Surname | First Name | Middle Name(s) | | |

Note:

- Applications will not be processed without the completed referee's affidavit-EMAIL ACCEPTED
- You are required to check your UWI (mymona) email for regular communication from OSF
- At the end of the application period students will receive an email acknowledging receipt of all applications

Applicable to Jamaicans without a first degree.

Completed application form must be submitted to the Office of Student Financing by August 31st.



THE UNIVERSITY OF THE WEST INDIES MONA CAMPUS

OFFICE OF STUDENT FINANCING APPLICATION FOR UWI MONA CAMPUS LAW BURSARY 2021/2022

| | | | | Bi | OGRA | PHIC PROFILE | | | | |
|---|--------------------|----------|-----------|------------------------------|--|------------------|--|------------|--------------|----------------------|
| 1. UWI ID #: | | | | | 2. TRN : | | | | | |
| 3a. Title | 3b. Last Na | ame/Surn | ame | 3c. First | Name | | 3d. Middle Name(s) | | | |
| Former NAME (If Applicable) | 4a. Title | 4b. Las | t Name/Su | ırname | 4 | 4c. First Name | | 4d. Middle | Name(s) | |
| 5. Name Type o | of Former N | ame: Ma | aiden [] | (Prior to) | Deed I | Poll [] Other [|] Ple | ase Spec | ify | |
| 6. Date of Birth | n dd | / m m | / y y | yyy | 7. Sex | x:Male [] Fem | ale [] 8. Marital Status | | | |
| 9. Country of E | Birth | | | | | 10. Nationality | | | | |
| 11. Are you a U | JWI Staff M | Member? | Yes [] | No [] | | 12. Are you a de | pendei | nt of a U | WI Staff Men | nber? Yes [] No [] |
| 13a. Disability Yes [] No [] | | | | 13b. State Disability | | | 13c. Are you registered with Jamaica Council for Persons with disabilities? Yes [] No [] | | | |
| 14. Employmen | nt Status | | | 15a. Employer Name (Company) | | | 15b. Supervisor | | | |
| 16. Employer's | Address | | | | | | | | | |
| 17. Employer's Telephone | | | | | 18. Employer's E-mail Address | | | | | |
| 19. High School | ol Attended: | | | | | | | | | |
| | | | | Con | NTACT | INFORMATION | Ī | | | |
| 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 | | ne | City/Town | | Parish Country | | Country | | |
| 22. E-mail Address 23. Cellular Phone # | | | | | 24. Contact #1 | | 25. Contact #2 | | 1 #2 | |

| | | ACAD | EMIC PROFILE | | | | |
|--|---|--------------------|--|---------------------------------|---------------------------------------|--|--|
| 26. Enrolment Status Full Time [] Part Time [] | 27.Current Level/Year Year 1 [] Year 2 [] Year 3 [] | · | 28. Country of Responsibility | 29. Expected Date of Graduation | | | |
| 30. Campus Location | Mona WJC [] | | idence (Residing) | 32. Hall of Residence | (Attachment) | | |
| 33. Have you applied | for the Student Exchang | ge Programme? | Yes [] No [] | | | | |
| 34. Have you been aw | arded a Scholarship/Bu | rsary tenable at 1 | JWI Yes [] No [] | | | | |
| 34a. If Yes, state name | e of Award | | | 34b. Value \$ | | | |
| , | | PARENTA | AL INFORMATION | | | | |
| 35. Mother [] Stepmo | ther [] | | 44. Father [] Stepf | ather [] | | | |
| 36. Name | | | 45. Name | | | | |
| 37Address | | | 46Address | | | | |
| | | | | | | | |
| | | | | | | | |
| 20 77 1 1 777 | | | 45.51.1.433 | | | | |
| 38. Telephone (W) 39. Telephone (H) | | | 47. Telephone (W) 48. Telephone (H) | | | | |
| 40. Occupation | | | 49. Occupation | | | | |
| 41. Employer | | | <u> </u> | 50. Employer | | | |
| 42. Salary \$ | | | 51. Salary \$ | 51. Salary \$ | | | |
| Washir [] Fortis | shtly [] Monthly [|] Ammuolle: | Weekly [] For | tnightly - [] Monthly - | [] Ammuelle: [] | | |
| Weekly - [] Fortnightly - [] Monthly - [] Annually - [] | | |] WEEKIY-[] I'OI | | · · · · · · · · · · · · · · · · · · · | | |
| SPC | DISAL INFORMATIO | N | Δι | PPI ICANT'S DEPEND | FNTC | | |
| 52. Name | OUSAL INFORMATIO | N | 60. Name | PPLICANT'S DEPEND | | | |
| 52. Name | ousal Information | | 60. Name | PPLICANT'S DEPEND | ENTS 61. Age | | |
| 52. Name | | | 60. Name 62. Name of Child's School | PPLICANT'S DEPEND | 61. Age | | |
| 52. Name | | | 60. Name 62. Name of Child's School 63. Name | PPLICANT'S DEPEND | | | |
| 52. Name | | | 60. Name 62. Name of Child's School | | 61. Age | | |
| 52. Name | | | 60. Name 62. Name of Child's School 63. Name 65. Name of Child's School | | 61. Age | | |
| 52. Name 53. Address (If Different Laboratory) | | | 60. Name 62. Name of Child's School 63. Name 65. Name of Child's School 66. Name | | 61. Age | | |
| 52. Name | | | 60. Name 62. Name of Child's School 63. Name 65. Name of Child's School | | 61. Age | | |
| 52. Name 53. Address (If Different Language of Languag | | | 60. Name 62. Name of Child's School 63. Name 65. Name of Child's School 66. Name 68. Name of Child's School | | 61. Age 64. Age 67. Age | | |
| 52. Name 53. Address (If Difference of the second of the s | | | 60. Name 62. Name of Child's School 63. Name 65. Name of Child's School 66. Name 68. Name of Child's School | | 61. Age | | |
| 52. Name 53. Address (If Difference of the second of the s | | | 60. Name 62. Name of Child's School 63. Name 65. Name of Child's School 66. Name 68. Name of Child's School | | 61. Age 64. Age 67. Age | | |
| 52. Name 53. Address (If Difference of the second of the s | | | 60. Name 62. Name of Child's School 63. Name 65. Name of Child's School 66. Name 68. Name of Child's School | | 61. Age 64. Age 67. Age | | |
| 52. Name 53. Address (If Difference of the second of the s | | | 60. Name 62. Name of Child's School 63. Name 65. Name of Child's School 66. Name 68. Name of Child's School | | 61. Age 64. Age 67. Age | | |
| 52. Name 53. Address (If Difference of the second of the s | | | 60. Name 62. Name of Child's School 63. Name 65. Name of Child's School 66. Name 68. Name of Child's School | | 61. Age 64. Age 67. Age | | |

| Name of Organisation | Position Held | years (including sur From | To | Salary /mont |
|-------------------------------|---------------------|------------------------------|------------------------|------------------------|
| Tunic of Organisation | 1 OSITION TICIO | dd / mm / yyyy | dd / mm / yyyy | Saidly / mone |
| | | dd / mm / yyyy | dd / mm / yyyy | |
| | | dd / mm / yyyy | dd / mm / yyyy | |
| | | dd / mm / yyyy | dd / mm / yyyy | |
| | | dd / mm / yyyy | dd / mm / yyyy | |
| | | dd / mm / yyyy | dd / mm / yyyy | |
| | | dd / mm / yyyy | dd / mm / yyyy | |
| | | dd / mm / yyyy | dd / mm / yyyy | |
| | | dd / mm / yyyy | dd / mm / yyyy | |
| | | dd / mm / yyyy | dd / mm / yyyy | |
| G1 1 /G 1 /1 | | Record (On Camp | us) | TD. |
| Clubs/Societies | Position Held | From | 1.1.7 | То |
| | | 337 | | mm / yyyy |
| | | 77/ | yyyy dd/ | mm / yyyy |
| | | | yyyy dd/ | mm / yyyy |
| | | | yyyy dd/ | mm / yyyy |
| | | | yyyy dd / vvvv dd / | mm / yyyy |
| | | 777 | | mm / yyyy |
| | | | | mm / yyyy |
| | | | yyyy dd/ yyyy dd/ | mm / yyyy mm / yyyy |
| | | | vvvv dd/ | mm / yyyy |
| | | | vvvv dd/ | mm / yyyy |
| 72. Co-Curricular R | Record (Off Campus- | | | |
| Name of Organisation/Group | Position Held | From | oy organisations in | То |
| • | | dd / mm / | yyyy dd/ | mm / yyyy |
| | | dd / mm / | yyyy dd/ | mm / yyyy |
| | | dd / mm / | yyyy dd/ | mm / yyyy |
| | | dd / mm / | yyyy dd/ | mm / yyyy |
| | | dd / mm / ; | yyyy dd/ | mm / yyyy |
| | | dd / mm / | yyyy dd/ | mm / yyyy |
| | | dd / mm / | yyyy dd/ | mm / yyyy |
| | | dd / mm / | yyyy dd/ | mm / yyyy |
| | | dd / mm / | yyyy dd/ | mm / yyyy |
| | | dd / mm / | yyyy dd/ | mm / yyyy |
| | | dd / mm / | yyyy dd/ | mm / yyyy |
| | | dd / mm / | yyyy dd/ | mm / yyyy |
| | 1 | dd / mm / | | mm / yyyy |

BUDGET PLANNER (TO BE COMPLETED IN JMD)

73. Budget (projection of income & expenses) for academic year 2021/2022 – Use gross amounts for proceeds from employment

| Expenses (\$) | | Income/Resources | s (\$) |
|--|------------------|---|-----------------|
| 78. Tuition Fees | | 87. Present Bank Balance (student) | |
| 79. Books and Supplies | | 88. Spouse's Contribution | |
| 80. Accommodation | | 89. Family Contribution | |
| Hall of Residence | | 90. Contribution From Other Sources | |
| Off Campus | | 91. Proceeds From Employment | |
| 81. Food | | 92. Awards (e.g. Scholarships, Bursaries) | |
| 82. Clothing | | Name of Award | Value |
| 83. Toiletries | | a | (\$) |
| 84. Transportation | | b | (\$) |
| To and From UWI | | c | (\$) |
| Field Trip | | 93. Tuition Loans (e.g. SLB etc.) | Value |
| 85. Other school expenses (e.g. laptop) | | a | (\$) |
| Item | Cost (\$) | b | (\$) |
| a | | 94. Grants | |
| b | | a | (\$) |
| c | | b | (\$) |
| d | | 95. Other Income/Resources | |
| 86. Total Expenses | | 96. Total Income/Resources | ============ |
| 97. Shortfall (Subtract Total Expenses fro | om Total Income) | • | |

NB:

Gross amounts (amounts before tax) must be stated.

All amounts stated must be in Jamaican Dollars.

Assume nine months for the academic year (ie calculate one month's expense and multiply by 9 to complete the budget-except for tuition and miscellaneous fees. Use the actual UWI fees)

For Tuition fees at item 78 of the form please add the UWI tuition and miscellaneous fees and use that figure

| 98. Academic distinctions and/or prizes received | ed: | |
|---|--|----------------------------|
| | | |
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| | | |
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| 99. State reasons for applying: | | |
| | | |
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| 100 Ctate wave saveer goals and the contributi | | 4l- a damalanment of your |
| 100. State your career goals and the contributi community or country: | on you intend to make towards | s the development of your |
| community of country. | | |
| | | |
| | | |
| | | |
| - | | |
| | | |
| 101. Previous assistance received from the | IS OFFICE (IF APPLICABLE) | |
| Donor | YEAR | AMOUNT (\$) |
| DONOR | ILAN | ΑΙΝΙΟυτί (ψ) |
| | | |
| | | |
| 102. I confirm that all information provided in thi | s application is correct and acknowledge | owledge that any incorrect |
| information provided will be grounds for the appl | | |
| | | |
| | | |
| Applicant's Signature | Date (DD/MM/YYYY) | |
| Applicant's Signature | Date (DD/IVIIVI/ 1 1 1 1) | |
| | | |
| Assessmen | t Committee's Decision | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | R | REFEREE'S AFFIDAVIT | | | |
|---------------------------------|---|---------------------|---------------------------------|-----------------|-------------------|-----|
| NAME | Last Name/Surname | | First Name | | Middle Initial(s) | |
| Address | | | | | | |
| | | | | | | |
| Telephone (H) | | Telephon | elephone (W) | | E-mail Address | |
| In what capac | city are you signing | | Name of Employer/Business | | | |
| Name of STU | DENT being recommended | | Student ID #: | | | |
| Student Emai | l Address: | | | | | |
| How long have | e you known him/her? | Year(s |) | Month(s) | | |
| What do you k | know of the applicant's family | y? | | 1 | | |
| | | | | | | |
| What do you k | know about the co-curricular a | activities of th | e applicant? | | | |
| | | | | | | |
| | | | | | | |
| To your know | ledge, is this person experience | cing financial | difficulties? Yes [] No [| Г 1 | | |
| If 'yes' please | | | ., | LJ | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Would you res | gard the student as someone w | with integrity? | Yes [] No [] | | | |
| If 'yes' please | | vitii iiitogiitij . | 163[] 1.0[] | | | |
| | | | | | | |
| | | | | | | |
| Is there any of If 'yes' please | ther pertinent information tha explain: | t you think we | e should know? Yes [] | No [] | | |
| L hereby decla | re that the information provid | led above and | by the applicant is to the best | of my knowledge | e true | |
| Signed | to that the information provid | ica above and | by the applicant is to the best | Date | dd / mm / | vvv |

<u>N.B.</u>

- This form should be completed by the following persons: Senior members of the UWI academic and professional staff (e.g. Lecturer), Student
 Services and Development Managers, UWI Counsellors (Health Centre), Justices of the Peace, Ministers of Religion, High School Principals/Vice
 Principals/Guidance Counsellors.
- NO OTHER REFERENCE WILL BE ACCEPTED
- 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.