THE UNIVERSITY OF THE WEST INDIES
MONA CAMPUS

OFFICE OF STUDENT FINANCING

APPLICATION FOR FINANCIAL ASSISTANCE

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 Graduate Studies and Research, UWI Mona Campus.**

- Only Full-Time Postgraduate Students are eligible for this Scholarship.

- Please indicate 'N/A' 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 submitted** with all application forms (items 101 through to 123)**.** Kindly note the following persons from whom references may be obtained:
  - **Senior member of the academic staff (e.g. Lecturer)**
  - **Student Services' Managers**
  - **UWI Counsellors (Health Centre)**
  - **Justices of the Peace**
  - **Ministers of Religion**

  *** Referee's should know applicant for a minimum of two (2) or more years.*

Scholarships and Bursaries

- **All persons applying for scholarships or bursaries**, must complete, in addition to the mandatory items:
  - Items 120 & 123.

- If you are applying for scholarships and bursaries, please list the name of the awards **in order of preference** on page 1 of the form, ***List of Awards*.** Please note that you are also required to provide copies of any supporting documents as requested.

- **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.

- **All persons applying for a Co-curricular Bursary should note the following:**
  - A student registered for more than one Preliminary course in the Faculty of Science & Technology is **not** eligible for a Co-curricular Bursary.
  - Students who apply on the basis of involvement in Regional, National, Community and Campus activities **must submit**, along with the completed application form, a letter of support written by the President, Chairman or Secretary of the said organisation(s).
  - Additionally a **certified co-curricular transcript** must accompany applications from persons applying on the basis of "on-campus" activities.

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

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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.
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13.
14.
15.
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19.
20.

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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	
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 _____	

CONTACT INFORMATION					
19. Permanent Address Apt./Street/P.O. Box_____ _____ _____			**22. 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
20. E-mail Address	21. Cellular Phone #		23. Contact #1	24. Contact #2	

ACADEMIC PROFILE

25. First Faculty of Admission	26. Present Faculty	27. Programme (MSc. MPhil etc.)	28. State your Major/Option

29. Enrolment Status **Full Time [ ]** **Part Time [ ]**	30. Level/Year	31. Country of Responsibility	32. Expected Date of Graduation

33. Campus	34. Hall of Residence ***(Residing)***	35. Hall of Residence (***Attachment)***

PARENTAL INFORMATION

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

SPOUSAL INFORMATION

50. Name
51. Address (If Different from Applicant's Permanent Address) _____ _____ _____
52. E-mail Address
53. Telephone (H)
54. Telephone (W)
55. Occupation
56. Employer
57. Salary $_____ Weekly - [ ] Fortnightly - [ ] Monthly - [ ] Annually - [ ]

APPLICANT'S DEPENDENTS

58. Name	59. Age
60. Name of Child's School	
61. Name	62. Age
63. Name of Child's School	
64. Name	65. Age
66. Name of Child's School	
67. Other Dependent Children? Yes [ ] No [ ]	

BUDGET PLANNER

68. Budget for Academic Year **2015/2016**

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

88. Shortfall (Subtract Total Expenses from Total Income) ☐

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

_____ _____

Applicant's Signature Date (dd/mm/yyyy)

90. Have you applied for the Student Exchange Programme? Yes [ ] No [ ]

91. Have you applied for transfer to another Faculty/Campus in the upcoming academic year? Yes [ ] No [ ]

92. If yes to Ques. 91 state name of:	93. Faculty	94. Campus

95. Have you been awarded a Scholarship/Bursary tenable at UWI Yes [ ] No [ ]

96. If Yes, state name of Award _____ 97. Value $_____

98. Co-Curricular Record (On/Off Campus)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

99. Work Experience
Indicate jobs held within last five years (including vacation employment)

Name of Organisation	Position Held	From	To	Salary /month
		dd / mm / yyyy	dd / mm / yyyy	
		dd / mm / yyyy	dd / mm / yyyy	
		dd / mm / yyyy	dd / mm / yyyy	
		dd / mm / yyyy	dd / mm / yyyy	

100. Career Objective
State your career goals, and the contribution you think you will be able to make towards the development of your country:

_____
_____
_____
_____
_____
_____
_____
_____
_____

REFEREE'S AFFIDAVIT

101. **NAME**	Last Name/Surname	First Name	Middle Initial(s)

102. Home Address

_____

_____

_____

103. Telephone (H)	104. Telephone (W)	105. E-mail Address

106. Occupation	107. Name of Employer/Business

108. Name of **STUDENT** being recommended

109. How long have you known him/her?	Year(s)	Month(s)

110. What do you know of the applicant's family?

_____

_____

111. What do you know about the co-curricular activities of the applicant?

_____

_____

_____

112. Is this person experiencing financial difficulties? Yes [ ] No [ ]
113. If 'yes' please explain:

_____

_____

_____

114. Would you regard the student as someone with integrity? Yes [ ] No [ ]
115. If 'yes' please explain:

_____

_____

_____

116. How would assistance from this office benefit the student?

_____

_____

_____

117. Is there any other pertinent information that you think we should know? Yes [ ] No [ ]
118. If 'yes' please explain:_____

_____

119. I hereby declare that the information provided above and by the applicant is to the best of my knowledge true.

Signed_____ Date **d d / m m / y y y y**

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.**

120. Academic distinctions and/or prizes received:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

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

_____

_____

_____

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

_____

_____

_____

_____

_____

123. PREVIOUS ASSISTANCE RECEIVED FROM THIS OFFICE (IF APPLICABLE)

DONOR	YEAR	AMOUNT ($)

For Official Use Only

Documents Submitted

_____ _____

_____ _____

_____ _____

Assessment Committee's Decision

_____

_____

_____

_____

_____

_____

_____