



# UNIVERSITY OF THE WEST INDIES

## *SCHOOL OF EDUCATION*

### APPLICATION FOR STUDENT FINANCIAL ASSISTANCE

#### **DEADLINE FOR SUBMISSION:**

A completed form along with supporting documents must be submitted no later than **May 31** of the same year.

1. Student **MUST** be a Jamaican citizen
2. Student **MUST** present evidence of financial need e.g. **Tuition Invoice, Letter stating need**, etc.
3. Student **MUST** be registered as an “Undergraduate Full-time Education Student”
4. Student **SHOULD** be in their Second Year of study, unless otherwise authorized by the Committee.
5. Student **MUST** have an average of Grade B and above in order to qualify for second-year grant.
6. Student **MUST** present a certified copy of Academic Transcript.
7. Student **MUST** present two (2) Referee reports (1 Academic and 1 Professional)
8. Student **SHOULD** not be in default with any financial institution
9. Student must **NOT** be in receipt of any other student loan/grant/scholarship or bursaries.
10. Student **MUST** be between the ages of 21 – 30 years
11. Grants are offered over a two (2) year period.
12. Grants are offered to ninety (90) credits students **ONLY**
13. Grants are valid for the academic year and cannot be deferred for any reason.

# APPLICATION FORM

STUDENT IDENTIFICATION NUMBER (if applicable)

Academic Year and Semester Assistance is Being Sought for: \_\_\_\_/\_\_\_\_ Semester 1 \_\_\_\_ Semester 2 \_\_\_\_

TRN# \_\_\_\_\_

Prefix: (Mr. Mrs. Miss Ms., other specify) \_\_\_\_\_

Surname Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Address: \_\_\_\_\_

Parish: \_\_\_\_\_

Permanent Address (if not the same as above) \_\_\_\_\_

Parish: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

Area of study: \_\_\_\_\_

Year of Study: 1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ Other \_\_\_\_

Number of people in household: \_\_\_\_\_ Annual Income for household: \$ \_\_\_\_\_

Are you in receipt of any Loan, Grant, Bursaries, etc. YES \_\_\_\_ NO \_\_\_\_

Please state the Loan, Grant, Bursaries (if applicable) \_\_\_\_\_

Academic Distinctions or prizes received \_\_\_\_\_

Other distinctions gained/offices held during your educational career \_\_\_\_\_

Present Occupation or employment and previous employment

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| _____    | _____    |
| _____    | _____    |
| _____    | _____    |

Name two persons from whom confidential reference about you may be had. One MUST be ACADEMIC (person under whom you have studied), and the other PERSONAL. Reference MUST be typed and placed in a sealed envelope and MUST be accompanied with the Application Form.

(1)

NAME: \_\_\_\_\_

POSITION \_\_\_\_\_

INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

Telephone: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

(2)

NAME: \_\_\_\_\_

POSITION \_\_\_\_\_

INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

Telephone: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**List of Documents to be submitted:**

1. Official/Unofficial Transcript
2. Letter Seeking Financial Assistance or Tuition Invoice
3. Birth Certificate
4. Referee Report from (1 Academic and 1 Professional)

**FOR OFFICIAL USE ONLY**

APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_

AMOUNT AWARDED \_\_\_\_\_

SIGNATURES \_\_\_\_\_  
Head of Department/Director Committee Member

DATE \_\_\_\_\_

Kindly submit to the attention of:

**Dr. Tashane Haynes-Brown**  
Undergraduate Coordinator  
School of Education- Needy Student Financial Assistance Committee  
University of the West Indies, Mona  
Kingston 7