THE UNIVERSITY OF THE WEST INDIES
ST. AUGUSTINE

SCHOLARSHIP/BURSARY APPLICATION FORM

Please complete legibly and in duplicate. Only registered FULL-TIME students
OR students going into FULL-TIME study in Year II will be considered for a Scholarship/Bursary.

NB: IF YOU ARE THE HOLDER OF A RENEWABLE/CONTINUING AWARD, YOU ARE NOT REQUIRED TO SUBMIT ANOTHER APPLICATION.

Section 1

STUDENT ID NO.: ______________________

SURNAME: __________________________

OTHER NAMES: ______________________

PRESENT FACULTY/CAMPUS & DEGREE PROGRAMME:
(Please indicate Minor if any)

PROCEEDING TO: __ YEAR I __ YEAR II __ YEAR III __ YEAR IV

PERMANENT ADDRESS: __________________________

MAILING ADDRESS: __________________________

HOME/PERMANENT PHONE: __________________________

CELL PHONE NO.: __________________________

ARE YOU A STAFF DEPENDENT: YES __ NO __

DISABILITY: __________________________

DATE OF BIRTH: __________________________

COUNTRY OF BIRTH: __________________________

NATIONALITY: __________________________

MARITAL STATUS: __________________________

SEX: MALE __ FEMALE __

CURRENT AWARD (IF ANY): __________________________

ANNUAL VALUE OF AWARD (IF APPLICABLE): __________________________

OTHER FINANCIAL ASSISTANCE – LOAN: __________________________

$AMOUNT __________________________

GRANT: __________________________

$AMOUNT __________________________

Section 2

Applicants applying for UWI Co-Curricular Bursaries & Other Bursaries requiring information
On Extra Curricular Activities

Students applying for this Bursary must have a minimum ‘B’ average in University Examinations.

Please indicate the areas in which you have made contributions during the academic year. The Dean of your Faculty AND/OR the Director, Student Services, must confirm the information provided.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of Dean of Faculty __________________________ Date __________________________

Signature of Director, S.A.S. __________________________ Date __________________________
**Section 2(a)**

If you are applying for a Scholarship/Bursary, which requires you or your parent/s to be a member of a Credit Union, other Association (eg T&TUTA), kindly include the required information by ticking the relevant box:

- [ ] T&TUTA: No.______________
  (Please indicate Membership No.)
- [ ] REPUBLIC BANK – CAREER BUILDER ACCOUNT
- [ ] TATECO CREDIT UNION
- [ ] APETT
- [ ] TEACHERS CREDIT UNION
- [ ] ENGINEERING STUDENTS’ SOCIETY
- [ ] WORKS CREDIT UNION

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**Section 3**

This Section to be completed ONLY by A’ LEVEL/CAPE applicants entering UWI at the beginning of the Academic Year.

<table>
<thead>
<tr>
<th>Examining Body Cambridge/London/ CXC etc.</th>
<th>SUBJECTS TAKEN</th>
<th>ADVANCED LEVEL [✔]</th>
<th>CAPE [✔]</th>
<th>YEAR</th>
<th>GRADE</th>
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Sections 4 & 5

These Sections must be completed ONLY by students applying for a Bursary/Scholarship WITH A FINANCIAL NEED ELEMENT

Section 4 – Household Information

<table>
<thead>
<tr>
<th></th>
<th>Household of Parent(s)/Guardian</th>
<th>Household of Student/Spouse</th>
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<tbody>
<tr>
<td>1.</td>
<td>Number of persons in household:</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Number and ages of dependent children:</td>
<td></td>
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<tr>
<td>3.</td>
<td>Number of these persons in University:</td>
<td></td>
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<tr>
<td></td>
<td>No Parent [ ]</td>
<td>Student [ ]</td>
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<tr>
<td></td>
<td>One Parent [ ]</td>
<td>Spouse [ ]</td>
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<td></td>
<td>Both Parents [ ]</td>
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<td></td>
<td>Others [ ]</td>
<td>Others [ ]</td>
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<td>4.</td>
<td>Parent(s)/Guardian’s current marital status:</td>
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<td></td>
<td>Single [ ]</td>
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<td>Married [ ]</td>
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<td>Separated [ ]</td>
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<td>Divorced [ ]</td>
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<td>Widowed [ ]</td>
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<td>5.</td>
<td>Is either Parent/Guardian, Spouse:</td>
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<td></td>
<td>[a] Retired?</td>
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<td></td>
<td>Mother [ ]</td>
<td>Spouse [ ]</td>
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<td></td>
<td>Father [ ]</td>
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<td></td>
<td>[b] Employed?</td>
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<td></td>
<td>Mother [ ]</td>
<td>Spouse [ ]</td>
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<td></td>
<td>Father [ ]</td>
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<td></td>
<td>[c] Unemployed?</td>
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<td></td>
<td>Mother [ ]</td>
<td>Spouse [ ]</td>
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<td>Father [ ]</td>
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<td></td>
<td>[d] Handicapped?</td>
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<td></td>
<td>Mother [ ]</td>
<td>Spouse [ ]</td>
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<td></td>
<td>Father [ ]</td>
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<td></td>
<td>[e] Deceased?</td>
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<td></td>
<td>Mother [ ]</td>
<td>Spouse [ ]</td>
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<td></td>
<td>Father [ ]</td>
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<td></td>
<td>[f] Living Abroad?</td>
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<td></td>
<td>Mother [ ]</td>
<td>Spouse [ ]</td>
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<td></td>
<td>Father [ ]</td>
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<td>6.</td>
<td>Occupation:</td>
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<td>Mother ___________________________</td>
<td>Student ___________________</td>
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<td></td>
<td>Father ___________________________</td>
<td>Spouse ___________________</td>
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</tbody>
</table>
Applicants may state below any other information as evidence of Financial Need

Your application for a financial need Bursary **WILL NOT BE CONSIDERED** unless it is accompanied by the following documents:

(1) **Authorized job letter of person(s) supporting applicant OR**
    **Pension letter (from whom the Pension is paid) OR**
    **A letter from the provider of one’s Financial Assistance.**

(2) **Notarized statement of income and expenses {one copy only}**
    **(Certified by a Commissioner of Affidavits/Notary Public)**

Additional Comments to support application for Bursary based wholly or partially on **FINANCIAL NEED**
### Section 5

**PROJECTED INCOME AND EXPENSES FOR ACADEMIC YEAR OF AWARD**

(APPLICANTS ARE REQUIRED TO SUBMIT AN AUTHORIZED JOB LETTER AND A NOTARIZED STATEMENT OF INCOME AND EXPENSES)

(Please complete the relevant column)

<table>
<thead>
<tr>
<th>1. Family Income for the YEAR:</th>
<th>Parent(s)/Guardian $</th>
<th>Applicant/Spouse $</th>
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</thead>
<tbody>
<tr>
<td>Mother</td>
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<td>Student</td>
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<tr>
<td>Father</td>
<td></td>
<td>Spouse</td>
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<tr>
<td>Other</td>
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<td>Other</td>
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<td><strong>TOTAL</strong></td>
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<td><strong>TOTAL</strong></td>
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</tbody>
</table>

| 2. Expenses for the YEAR:    |                       |                    |
| MORTGAGE                      |                       |                    |
| RENT - (HOME)                 |                       |                    |
| RENT - (STUDENT)              |                       |                    |
| TUITION FEE: (APPLICANT)      |                       |                    |
| TELEPHONE                     |                       |                    |
| ELECTRICITY                   |                       |                    |
| WATER                         |                       |                    |
| GROCERIES (Home)              |                       |                    |
| MARKET (Home)                 |                       |                    |
| GROCERIES (Applicant)         |                       |                    |
| MARKET (Applicant)            |                       |                    |
| TRAVELLING – (Applicant)      |                       |                    |
| BOOKS (Applicant)             |                       |                    |
| **TOTAL**                     |                       | **TOTAL**          |

I certify that the information provided in this Application for a Scholarship/Bursary is true and correct.

<table>
<thead>
<tr>
<th>Signature of Applicant</th>
<th>Date</th>
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The Registry  
St. Augustine  
24<sup>th</sup> February 2010  
PB/vp