

**The University of the West Indies**

ST. AUGUSTINE, TRINIDAD & TOBAGO, WEST INDIES

**DIVISION of STUDENT SERVICES and Development**

**Financial advisory Services DEPARTMENT**

Telephone: (1-868) 662-2002 Ext. 84185; 82360 Email: UGbursaries@sta.uwi.edu

**STATEMENT OF PROJECTED INCOME AND EXPENDITURE**

**Academic Year: 2024/2025**

\*This form and all supporting documents must be completed and submitted with your online application or by email to UGbursaries@sta.uwi.edu no later than the **Application Deadline:** **May 31st, 2024.**

***I,* Full name here. *do solemnly and sincerely declare as follows****:*

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| --- | --- |
| **Student UWI ID #:**  | Student UWI ID # here.  |
| **Name:** | Full name here. |
| **Address** | Address here.  |
| **Gender:**  | Male [ ]  Female [ ]  Non-Binary [ ]  Other [ ]  Not Listed [ ]  Unknown [ ]  |
| **Faculty:** | Please select faculty here. |
| **Degree Programme:** | Degree programme here. |
| **Degree Level:** | 1 [ ]  2 [ ]  3[ ]  4[ ]  5[ ]  ***(MEDICAL SCIENCES ONLY!)*** |
| **Phone contact(s):**  | Phone contact here. |

 **Applicants are required to submit the following documents:**

**Please use this checklist to ensure all documents are submitted**

**1.** [ ]  **Authorized JOB LETTER(s)** of person(s) supporting applicant.

OR/AND

[ ]  **PENSION / DISABILITY / SOCIAL WELFARE LETTER(s)** from the relevant company or organization.

OR/AND

[ ]  **SELF-EMPLOYMENT LETTER(s)** verified by a ***Commissioner of Affidavits*** or ***Notary Public.***

OR/AND

[ ]  **OTHER SOURCE (s) of FUNDING** (letters/documents showing proof of funds from a charity/organization)

**2.** [ ] One (1) copy only of **this** **notarized**“**Statement of Projected INCOME and EXPENDITURE”**. **Values in TT$ ONLY!**

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| **Household Information** |
|  | **Household of Parent(s)/Guardian** | **Household of Student/Spouse** |
| 1. Number of persons in household: | Number of persons here.  | Number of persons here. |
| 2. Number and ages of dependent children: | Click or tap here to enter text. | Click or tap here to enter text. |
| 3. Number of these persons attending University: | No Parent [ ]   | Student [ ]   |
| One Parent [ ]  | Spouse [ ]   |
| Both Parents [ ]  | Others [ ]   |
| Others [ ]   |
| 4. Parent(s)/Guardian’s current marital status: | Single [ ]  |   |
| Married [ ]   |
| Separated [ ]   |
| Divorced [ ]   |
| Widowed [ ]   |
| 1. Is either Parent/Guardian, Spouse:

 [a] **Retired?**   | Mother [ ] Father [ ] Guardian [ ]  | Spouse [ ]  |
|  [b] **Employed?** | Mother [ ] Father [ ] Guardian [ ]  | Spouse [ ]  |
|  [c] **Unemployed?**   | Mother [ ] Father [ ] Guardian [ ]  | Spouse [ ]  |
|   [d] **Person with a Disability?** | Mother [ ] Father [ ] Guardian [ ]  | Spouse [ ]  |
|   [e] **Deceased?** | Mother [ ] Father [ ] Guardian [ ]  | Spouse [ ]  |
|  [f] **Living Abroad?** | Mother [ ] Father [ ] Guardian [ ]  | Spouse [ ]  |
| 6. Occupation: | Mother: Occupation here. | Student: Occupation here. |
| Father: Occupation here. |
| Guardian: Occupation here.  | Spouse: Occupation here. |
| Other: Occupation here |

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| **Financial Information** |

1. Annual household Income

|  |  |
| --- | --- |
| **Household of Parent(s)/Guardian****($)** | **Household of Applicant/Spouse****($)** |
| **Mother** |       | **Student (i.e., income, HELP loan, savings)** |       |
| **Father** |       | **Spouse** |       |
| **Other** |       | **Other** |       |
| **TOTAL** | **$0.00** | **TOTAL** | **$0.00** |

1. Annual household Expenditure

(Please enter household expenses in the appropriate table)

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| **Household of Parent(s)/Guardian****($)** |
| MORTGAGE |       |
| RENT |       |
| INTERNET |       |
| TELEPHONE |       |
| ELECTRICITY |       |
| WATER |       |
| GROCERIES  |       |
| TRAVEL (Applicant) |       |
| BOOKS (Applicant) |       |
| TUITION FEE (After GATE Assessment) |       |
| OTHER |       |
| **TOTAL** | $0.00 |

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| **Household of Applicant/Spouse****($)** |
| MORTGAGE/RENT |       |
| INTERNET |       |
| TELEPHONE |       |
| ELECTRICITY |       |
| WATER |       |
| GROCERIES  |       |
| TRAVEL |       |
| BOOKS  |       |
| TUITION FEE (After GATE Assessment) |       |
| OTHER |       |
| **TOTAL** | $0.00 |

**Additional Comments**

Applicants may use this section to provide additional information about their circumstances to support their application based on Financial Need.

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| Please enter comments here. |

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| ***I make this declaration conscientiously believing the same to be true and according to the Statutory Declarations Act, and I am aware that if there is any statement in this declaration which is false in fact, which I know or believe to be false or do not believe to be true, I am liable to fine and imprisonment.*** |
| Student Signature:  | Declared on this date: Date here. |

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| **Commissioner of Affidavits/Notary Public Signature** | **Commissioner of Affidavits/Notary Public Stamp** |

***Declared before me this .......... day of ................................. 20......***

**Do not submit this form until you have gathered all other required documents to avoid delays in processing.** When all required documents have been gathered, upload your information into the designated area on the online application form or by email to UGbursaries@sta.uwi.edu .

**FOR OFFICIAL USE ONLY**

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| **Comments/ Staff Initial:**  |