



TAUGHT MASTERS ENDOWMENT FUND (TMEF)

APPLICATION FORM

INSTRUCTION SHEET

Please read the following instructions carefully before completing this form:

Applicants must answer **ALL** questions. **Incomplete applications will not be processed.**

- A **HARD COPY** of the completed application form should be submitted along with one (1) letter of recommendation, a copy of the most recent academic transcript and a copy of the fee sheet at The Guild Administration Office.
- Applicants **must** be a Registered Student in a **Taught Masters Programme** at the UWI, St. Augustine Campus.
- Applicants should not be current recipients of any award or other financial assistance from the Guild of Students or the University.
- Students must submit a copy of their most recent transcript.
- Students must submit a copy of their fee sheet for the semester in which they are applying for assistance.
- One (1) recommendation **MUST** be submitted in **HARD COPY** with the required stamp affixed to the document for applications to be processed. Recommendation may be obtained from the following persons:
 - Head of Department
 - Programme Coordinator

BIOGRAPHIC PROFILE				
1. UWI ID #:				
2. NAME	Title	Last Name/Surname	First Name	Middle Name(s)
3. Country of Birth:			4. Nationality:	
5. Are you a UWI Staff Member? Yes [] No []			6. Are you a dependent of a UWI Staff Member? Yes [] No []	
7. Are you currently employed? Yes [] No []			8. Please indicate employment status: Full Time [] Part Time []	
CONTACT INFORMATION				
9a. Home Address:			9b. Mailing Address (if different from item 10a):	
10. Home Phone:		11. Cellular Phone:	12. E-mail Address:	
ACADEMIC PROFILE				
13. First Faculty of Admission:		14. Present Faculty:	15. Programme (M.A., MSc. etc.):	16. State your Major/Option:
17. Enrolment Status (Full-Time or Part-Time):	18. Level/Year of Study:	19. Country of Responsibility:		20. Expected Date of Graduation:
21. Campus:		22. Hall of Residence (if residing):		23. Hall Attachment (if applicable):
CONTRIBUTORS' INFORMATION				
Parent(s)/Guardian(s) (Omit as necessary)			Spouse (Omit as necessary)	
24. Name:			31. Name:	
25. Address:			32. Address (if different from item 10)	
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26. Telephone (W):			33. Telephone (W):	
27. Telephone (H):			34. Telephone (H):	
28. Occupation:			35. Occupation:	
39. Employer:			36. Employer:	
30. Salary \$_____			37. Salary \$_____	
Weekly - [] Fortnightly - [] Monthly - [] Annually - []			Weekly - [] Fortnightly - [] Monthly - [] Annually - []	
EMPLOYMENT & SALARY INFORMATION (IF EMPLOYED)				
38. Occupation:			40. Employer's Name:	
41. Employer's Address:			42. Employer's Phone Number:	
43. Salary \$_____				
Weekly - [] Fortnightly - [] Monthly - [] Annually - []				

46. Assistance is offered in four main areas, listed below.

- Please select the preferred area of assistance by selecting **ONE** of the options below (indicate using a Tick)*
- ☐ Tuition
- ☐ Hall Accommodation
- ☐ Research Activities (including conferences)
- ☐ Other (please specify) _____

BUDGET PLANNER

47. Budget for Academic Year _____/_____

Please complete the following budget table by calculating the **total semester** cost for each of the listed items. You **MUST** include all scholarships, bursaries or other awards (including stipends for Graduate & Research Assistants).

Expenses for Semester 1 (\$)	Income/Resources for Semester 1 (\$)
48. Outstanding Balance	52. Current Bank Balance
49. Books and Supplies	53. Family/Spousal Contributions:
50. Accommodation:	54. Contribution From Other Sources:
(i) Hall of Residence:	55. Income From Employment:
(ii) Off Campus:	56. Income from Other Sources:
51. Other Expenses:	57. Awards/Grants:
58. Total Expenses:	59. Total Income/Resources:

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

Applicant’s Name

Date (DD/MM/YYYY)

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

62. Academic Distinctions and/or Prizes Received:

63. PREVIOUS ASSISTANCE RECEIVED TOWARDS UNIVERSITY EDUCATION (IF APPLICABLE)

DONOR	YEAR	AMOUNT (\$)

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

65. If Yes, state name of Award _____ 66. Value \$ _____

67. How do you intend to cover the costs of your programme for next semester?

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

Name of Organisation	Position Held	From	To	Salary /month

DECLARATION OF APPLICANT

I certify that the facts stated are correct and I declare that I am willing to abide by the Regulations of The University of the West Indies.

Signature: _____

Date: ____/____/____