

**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](mailto:UGbursaries@sta.uwi.edu)

**STATEMENT OF PROJECTED INCOME AND EXPENDITURE**

**Academic Year: 2023/2024**

\*This form and all supporting documents must be completed and submitted with your online application or by email to [UGbursaries@sta.uwi.edu](mailto:UGbursaries@sta.uwi.edu) no later than the **Application Deadline:** **May 31, 2023**.

|  |  |
| --- | --- |
| **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!**

|  |  |  |
| --- | --- | --- |
| **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)

|  |  |
| --- | --- |
| **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 |

|  |  |
| --- | --- |
| **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.

|  |
| --- |
| Please enter comments here. |

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| --- | --- |
| I certify that the information provided in this Application for a Scholarship/Bursary is complete and accurate. | |
| Student Signature: | Date: Date here. |

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

**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](mailto:UGbursaries@sta.uwi.edu) .

**FOR OFFICIAL USE ONLY**

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| **Comments/ Staff Initial:** |