



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: 2026/2027

*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, 2026.**

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

Student UWI ID #:	Student UWI ID # here.
Name:	Full name here.
Address	Address here.
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other <input type="checkbox"/> Not Listed <input type="checkbox"/> Unknown <input type="checkbox"/>
Faculty:	Please select faculty here.
Degree Programme:	Degree programme here.
Degree Level:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> <i>(Level 4 & 5 applies to <u>MEDICAL SCIENCES ONLY!</u>)</i>
Phone contact(s):	Phone contact here.

Applicants are required to submit the following documents:

Please use this checklist to ensure all documents are submitted

- 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)
- One (1) copy only of **this notarized "Statement of Projected INCOME and EXPENDITURE"**.
Values in TT\$ ONLY!

This statement must be certified by a Commissioner of Affidavits or Notary Public.

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 <input type="checkbox"/>	Student <input type="checkbox"/>
	One Parent <input type="checkbox"/>	Spouse <input type="checkbox"/>
	Both Parents <input type="checkbox"/>	Others <input type="checkbox"/>
	Others <input type="checkbox"/>	
4. Parent(s)/Guardian's current marital status:	Single <input type="checkbox"/>	
	Married <input type="checkbox"/>	
	Separated <input type="checkbox"/>	
	Divorced <input type="checkbox"/>	
	Widowed <input type="checkbox"/>	
5. Is either Parent/Guardian, Spouse: [a] Retired?	Mother <input type="checkbox"/>	Spouse <input type="checkbox"/>
	Father <input type="checkbox"/>	
	Guardian <input type="checkbox"/>	
[b] Employed?	Mother <input type="checkbox"/>	Spouse <input type="checkbox"/>
	Father <input type="checkbox"/>	
	Guardian <input type="checkbox"/>	
[c] Unemployed?	Mother <input type="checkbox"/>	Spouse <input type="checkbox"/>
	Father <input type="checkbox"/>	
	Guardian <input type="checkbox"/>	
[d] Person with a Disability?	Mother <input type="checkbox"/>	Spouse <input type="checkbox"/>
	Father <input type="checkbox"/>	
	Guardian <input type="checkbox"/>	
[e] Deceased?	Mother <input type="checkbox"/>	Spouse <input type="checkbox"/>
	Father <input type="checkbox"/>	

This statement **must be certified** by a **Commissioner of Affidavits** or **Notary Public**.

	Guardian <input type="checkbox"/>	
[f] Living Abroad?	Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/>	Spouse <input type="checkbox"/>
6. Occupation:	Mother: Occupation here.	Student: Occupation here.
	Father: Occupation here.	
	Guardian: Occupation here.	Spouse: Occupation here.
	Other: Occupation here	

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

2. 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.

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.

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

Comments/ Staff Initial: