



THE UNIVERSITY OF THE WEST INDIES
ST. AUGUSTINE

SCHOLARSHIP/BURSARY APPLICATION FORM

CCRIF- UWI Undergraduate Scholarship

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

DEADLINE: July 31, 2020

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 YEAR V

PERMANENT ADDRESS:	MAILING ADDRESS:
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HOME/PERMANENT PHONE: CELL PHONE NO.: Area Code: (_ _ _) (_ _ _) (_ _ _)	ARE YOU A STAFF DEPENDENT: YES <input type="checkbox"/> NO <input type="checkbox"/>
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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

EXTRA-CURRICULAR STATEMENT

Please indicate the areas in which you have contributed to Extra-Curricular activities during the academic year, on or off campus. Please provide supporting documents where possible.

Section 2a**WORK EXPERIENCE**

Name of Organisation	Position Held	From	To	Salary /month
		dd / mm / yyyy	dd / mm / yyyy	
		dd / mm / yyyy	dd / mm / yyyy	
		dd / mm / yyyy	dd / mm / yyyy	
		dd / mm / yyyy	dd / mm / yyyy	

Section 2b**CAREER OBJECTIVE**

State your career goals, and the contribution you think you will be able to make towards the development of your country:

Section 3

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

Academic Qualifications

Examining Body Cambridge/London/ CXC etc.	SUBJECTS TAKEN	ADVANCED LEVEL [✓]	CAPE [✓]	YEAR	GRADE

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

	Household of Parent(s)/Guardian	Household of Student/Spouse		
1. Number of persons in household:				
2. Number and ages of dependent children:				
3. Number of these persons in University:	No Parent []	Student []		
	One Parent []	Spouse []		
	Both Parents []			
	Others []	Others []		
4. Parent(s)/Guardian's current marital status:	Single []			
	Married []			
	Separated []			
	Divorced []			
	Widowed []			
5. Is either Parent/Guardian, Spouse: [a] Retired?	Mother []	Spouse []		
	Father []			
	[b] Employed?	Mother []	Spouse []	
		Father []		
		[c] Unemployed?	Mother []	Spouse []
			Father []	
		[d] Handicapped?	Mother []	Spouse []
Father []				
[e] Deceased?	Mother []	Spouse []		
	Father []			
[f] Living Abroad?	Mother []	Spouse []		
	Father []			
6. Occupation:	Mother _____	Student _____		
	Father _____	Spouse _____		

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)

		Parent(s)/Guardian \$		Applicant/Spouse \$
1. Family Income for the YEAR :	Mother		Student	
	Father		Spouse	
	Other		Other	
	TOTAL		TOTAL	
2. Expenses for the YEAR :	MORTGAGE			
	RENT - (HOME)			
	RENT - (STUDENT)			
	TUITION FEE: (APPLICANT)			
	TELEPHONE			
	ELECTRICITY			
	WATER			
	INTERNET			
	GROCERIES (Home)			
	MARKET (Home)			
	GROCERIES (Applicant)			
	MARKET (Applicant)			
	TRAVELLING – (Applicant)			
	BOOKS (Applicant)			
	OTHER			
TOTAL				

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

Signature of Applicant	Date