



THE UNIVERSITY OF THE WEST INDIES
ST. AUGUSTINE CAMPUS

SCHOLARSHIP/BURSARY APPLICATION FORM

THE DENNIS COHEN SCHOLARSHIP – 2020/2021

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

DEADLINE: October 16, 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: _____

HOME/PERMANENT PHONE: _____

ARE YOU A STAFF DEPENDENT: YES NO

CELL PHONE NO.: Area Code: (____) (____) (____)

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 _____ GRANT _____
\$AMOUNT \$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.

For activities on Campus, the Dean of your Faculty OR the Director, Division of Student Services & Development (D.S.S.D), must confirm the information provided.

For off-Campus activities, a letter of support written by the President, Chairman or Secretary of the Regional, National or Community organization which states clearly: -

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 _____	

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			
	GROCERIES (Home)			
	MARKET (Home)			
	GROCERIES (Applicant)			
	MARKET (Applicant)			
	TRAVELLING – (Applicant)			
	BOOKS (Applicant)			
	TOTAL			

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

Signature of Applicant	Date

Financial Advisory Services Department, DSSD
 The UWI St. Augustine Campus
 September 30, 2020
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