



# 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; Fax: 663-0052 Email: UGbursaries@sta.uwi.edu

## STATEMENT OF PROJECTED INCOME AND EXPENDITURE

Academic Year: 2020/2021

Please write in BLOCK LETTERS

Student UWI ID#: \_\_\_\_\_ Faculty: \_\_\_\_\_ Sex:    
MALE FEMALE

Degree Programme: \_\_\_\_\_ Level: 1  2  3  4  5   
(MEDICAL SCIENCES ONLY!)

Name: \_\_\_\_\_ Phone contact(s) \_\_\_\_\_

### Applicants are required to submit the following documents:

PLEASE CHECK OFF SUBMISSIONS

1.  Authorized **JOB LETTER(s)** of person(s) supporting applicant.
- OR**  **PENSION / DISABILITY / SOCIAL WELFARE LETTER(s)** from the relevant company or organization.
- OR**  **SELF-EMPLOYMENT LETTER(s)** verified by a Commissioner of Affidavits or Notary Public.
2.  One (1) copy only of this notarized<sup>i</sup> "Statement of Projected **INCOME** and **EXPENDITURE**". **Values in TT\$ ONLY!**

This form should be returned to the Financial Advisory Services Department BEFORE the Deadline Date: **April 15, 2021**

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

<i>Signature of Applicant</i>	<i>Date: dd/mm/yyyy</i>
-------------------------------	-------------------------

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

<b>Signature</b> of Commissioner of Affidavits/Notary Public	<b>Stamp</b> of Commissioner of Affidavits/Notary Public

<sup>i</sup> This statement **must be certified** by a **Commissioner of Affidavits** or **Notary Public**. Please ensure that this form is **stamped** in the box above.

**These Sections must be completed ONLY by students applying for a Bursary/Scholarship  
WITH A FINANCIAL NEED ELEMENT**

**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 [ ] Father [ ] Guardian [ ]	Spouse [ ]
[b] Employed?	Mother [ ] Father [ ] Guardian [ ]	Spouse [ ]
[c] Unemployed?	Mother [ ] Father [ ] Guardian [ ]	Spouse [ ]
[d] Handicapped?	Mother [ ] Father [ ] Guardian [ ]	Spouse [ ]
[e] Deceased?	Mother [ ] Father [ ] Guardian [ ]	Spouse [ ]
[f] Living Abroad?	Mother [ ] Father [ ] Guardian [ ]	Spouse [ ]
6. Occupation:	Mother _____  Father _____  Guardian _____	Student _____  Spouse _____