



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 where applicable:

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** notarizedⁱ "**Statement of Projected INCOME and EXPENDITURE**". **Values in TT\$ ONLY!**

This form should be scanned and emailed to UGBursaries@sta.uwi.edu **BEFORE**
the Deadline Date: **January 31, 2021**

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

<i>Signature of Applicant</i>	<i>Date: dd/mm/yyyy</i>
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I certify that the information provided in this Application for a Scholarship/Bursary is true and correct.

Signature of Commissioner of Affidavits/Notary Public	Stamp of Commissioner of Affidavits/Notary Public
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ⁱ 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 _____