



THE UNIVERSITY OF THE WEST INDIES  
ST. AUGUSTINE CAMPUS

# SCHOLARSHIP/BURSARY APPLICATION FORM

**P.J Patterson Scholarship**

**DEADLINE JULY 31, 2025**

**Only registered FULL-TIME students will be considered for a Scholarship/Bursary.**

**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  
*(Year 4 & 5 applies to MEDICAL SCIENCES ONLY!)*

PERMANENT ADDRESS: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_

UWI EMAIL ADDRESS: \_\_\_\_\_ ARE YOU A STAFF DEPENDENT: YES  NO   
PHONE CONTACT: 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 \_\_\_\_\_ AMOUNT (TT\$) \_\_\_\_\_ GRANT \_\_\_\_\_ AMOUNT (TT\$) \_\_\_\_\_

**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**, a letter of support written by the President, Coach, or Secretary from a recognized Club, Association or organization.





## Sections 4 & 5

The following sections must be completed **ONLY** by students applying for a Bursary/Scholarship  
Based on **FINANCIAL NEED**

### 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 attending 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:	Mother [ ] Father [ ]	Spouse [ ]
[a] <b>Retired?</b>		
[b] <b>Employed?</b>	Mother [ ] Father [ ]	Spouse [ ]
[c] <b>Unemployed?</b>	Mother [ ] Father [ ]	Spouse [ ]
[d] <b>Person with a Disability?</b>	Mother [ ] Father [ ]	Spouse [ ]
[e] <b>Deceased?</b>	Mother [ ] Father [ ]	Spouse [ ]
[f] <b>Living Abroad?</b>	Mother [ ] Father [ ]	Spouse [ ]
6. Occupation:	Mother _____  Father _____  Other _____	Student _____  Spouse _____



**Section 5**

**PROJECTED INCOME AND EXPENDITURE FOR THE ACADEMIC YEAR OF AWARD**

(APPLICANTS ARE REQUIRED TO SUBMIT AN AUTHORIZED JOB LETTER AND A NOTARIZED STATEMENT OF INCOME AND EXPENDITURE)

(Please complete the relevant column and values in TT\$ ONLY)

		Parent(s)/Guardian \$		Applicant/Spouse \$
1. <u>Annual Household Income:</u>	<b>Mother</b>		<b>Student</b> (i.e., income, loan, savings)	
	<b>Father</b>		<b>Spouse</b>	
	<b>Other</b>		<b>Other</b>	
	<b>TOTAL</b>		<b>TOTAL</b>	
2. <u>Annual Household Expenditure:</u>	MORTGAGE			
	RENT - (Home)			
	RENT - (Applicant)			
	TUITION FEE: (After GATE Assessment)			
	TELEPHONE			
	ELECTRICITY			
	WATER			
	INTERNET			
	GROCERIES (Home)			
	GROCERIES (Applicant)			
	TRAVEL – (Applicant)			
	BOOKS (Applicant)			
	OTHER			
	<b>TOTAL</b>			

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

Signature of Applicant	Date