



THE UNIVERSITY OF THE WEST INDIES
ST. AUGUSTINE CAMPUS

SCHOLARSHIP/BURSARY APPLICATION FORM

The Sylvan and George Alleyne Social Work 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 []	Spouse []
[a] Retired?	Father []	
[b] Employed?	Mother []	Spouse []
	Father []	
[c] Unemployed?	Mother []	Spouse []
	Father []	
[d] Person with a Disability?	Mother []	Spouse []
	Father []	
[e] Deceased?	Mother []	Spouse []
	Father []	
[f] Living Abroad?	Mother []	Spouse []
	Father []	
6. Occupation:	Mother _____	Student _____
	Father _____	Spouse _____
	Other _____	

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>	Mother		Student (i.e., income, loan, savings)	
	Father		Spouse	
	Other		Other	
	TOTAL		TOTAL	
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			
	TOTAL			

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

Signature of Applicant	Date