

## THE UNIVERSITY OF THE WEST INDIES ST. AUGUSTINE

## SCHOLARSHIP/BURSARY APPLICATION FORM

Edgar Whiteley Scholarship in memory of Peter Norman Whiteley - 2023/2024

**DEADLINE JUNE 30, 2023** 

Please complete legibly and in duplicate. <u>Only registered FULL-TIME students</u>
OR students going into FULL-TIME study will be considered for a Scholarship/Bursary.

NB: IF YOU ARE THE HOLDER OF A RENEW ANOTHER APPLICATION.	ARE THE HOLDER OF A RENEWABLE/CONTINUING AWARD, YOU ARE <u>NOT</u> REQUIRED TO SUBMIT R APPLICATION.		
Section 1	STUDENT ID NO.:		
SURNAME:	OTHER NAMES:		
PRESENT FACULTY/CAMPUS & DEGREE PROGR (Please indicate Minor if any)	RAMME:		
PROCEEDING TO: YEAR I YEAR	II YEAR III YEAR IV YEAR V		
PERMANENT ADDRESS:	MAILING ADDRESS:		
HOME/PERMANENT PHONE:  CELL PHONE NO.: Area Code: () () (  DISABILITY:	ARE YOU A STAFF DEPENDENT: YES NO		
	_ COUNTRY OF BIRTH: MARITAL STATUS: SEX: MALE FEMALE		
CURRENT AWARD (IF ANY): OTHER FINANCIAL ASSISTANCE – LOAN	ANNUAL VALUE OF AWARD (IF APPLICABLE):  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.

<u>For activities on Campus</u>, the Dean of your Faculty OR the Director, Student Services (DSSD), 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: -

1. 2.	The nature of the organization The length and nature of the applicant's involvement	
	Signature of Dean of Faculty	Date
	Signature of Director, DSSD	Date

Section 2a

## **WORK EXPERIENCE**

Name of Organisation	Position Held	From	То	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
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## **CAREER OBJECTIVE**

State your career goals, and country:	the contribution you thi	_	o make towards t	he development of your

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

#### Applicants may state below any other information as evidence of Financial Need

Your application for a financial need Bursary <u>WILL NOT BE CONSIDERED</u> unless it is accompanied by the following documents:

- (1) Authorized job letter of person(s) supporting applicant OR Pension letter (from whom the Pension is paid) OR A letter from the provider of one's Financial Assistance.
- (2) Notarized statement of income and expenses {one copy only} (Certified by a Commissioner of Affidavits/Notary Public)

Additional Comments to support application for Bursary based wholly or partially on <u>FINANCIAL NEED</u>

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## 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 <b>YEAR</b> :	Mother	Ψ	Student	Ψ
	Father		Spouse	
	Other		Other	
	TOTAL		TOTAL	
	MORTGAGE			
2. Expenses for the <b>YEAR</b> :	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 Dept DSSD UWI – St. Augustine 2022-Jun-10