



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. Only registered FULL-TIME students  
OR students going into FULL-TIME study 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

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

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

HOME/PERMANENT PHONE: \_\_\_\_\_

ARE YOU A STAFF DEPENDENT: YES  NO

CELL PHONE NO.: 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 \_\_\_\_\_ 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.

**For activities on Campus**, 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: -





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



**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		Student	
	Father		Spouse	
	Other		Other	
	<b>TOTAL</b>		<b>TOTAL</b>	
2. Expenses for the <b>YEAR</b> :	MORTGAGE			
	RENT - (HOME)			
	RENT - (STUDENT)			
	TUITION FEE: (APPLICANT)			
	TELEPHONE			
	ELECTRICITY			
	WATER			
	GROCERIES (Home)			
	MARKET (Home)			
	GROCERIES (Applicant)			
	MARKET (Applicant)			
	TRAVELLING – (Applicant)			
	BOOKS (Applicant)			
	<b>TOTAL</b>			

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