



THE UNIVERSITY OF THE WEST INDIES
MONA CAMPUS

OFFICE OF STUDENT FINANCING

APPLICATION FOR FINANCIAL ASSISTANCE

INSTRUCTION SHEET

- Please **read the instructions carefully** before completing this form and answer all relevant questions. Incomplete applications will not be processed.
- Completed application forms should be submitted to the Office of Student Financing, UWI Mona Campus.
- Only Full-Time Undergraduate Students are eligible for Scholarships and Bursaries and general financial assistance.
- Students are not allowed to hold more than one award where together their value exceeds 40% of maintenance costs as defined by the Mona Campus Committee for Undergraduate Awards.
- Please indicate 'N/A' where the information requested in an item is not applicable to your situation.
- Where income figures are required, gross amounts must be stated.
- **All applicants must complete** item 1 through to item 100. This is **mandatory**
- **The Referee's Affidavit must be submitted** with all application forms (items 101 through to 119). Kindly note the following persons from whom references may be obtained:
 - Senior member of the academic staff (e.g. Lecturer)
 - Student Services' Managers
 - UWI Counsellors (Health Centre)
 - Justices of the Peace
 - Ministers of Religion
- **Financial Assistance**
 - **All persons applying for general financial assistance** from the Office of Student Financing, must complete, in addition to the mandatory items:
 - Item 122 through to item 123
- **Scholarships and Bursaries**
 - **All persons applying for scholarships or bursaries,** must complete, in addition to the mandatory items:
 - Item 120 through to item 121
- If you are applying for scholarships and bursaries, please list the name of the awards **in order of preference** on page 1 of the form, *List of Awards*. Please note that you are also required to provide copies of any supporting documents as requested.
- If financial need is included as a criterion of an award for which you are applying, please complete item 122.
- **If participation in on or off-campus co-curricular activities is a criterion of an award** for which an applicant wishes to apply, the applicant will have to provide:
 - For On-Campus Co-curricular Activities:
a certified copy of your co-curricular transcript.
 - For Off-Campus Co-curricular Activities: a letter of support written by the President, Chairman or Secretary of the Regional, National or Community organisation which states clearly-
 1. the nature of the organisation;
 2. the length and nature of the applicants' involvement.
- **All persons applying for a Co-curricular Bursary should note the following:**
 - A student reading Pre-Agriculture Courses or more than one Preliminary course in the Faculty of Pure and Applied Sciences is **not** eligible for a Co-curricular Bursary.
 - Students who apply on the basis of involvement in campus activities **must submit**, along with the completed application form, a letter of support written by the Faculty Advisor/Student Services Manager of the club/hall/society attesting to the involvement as stated.
 - Students who apply on the basis of involvement in Regional, National, Community **and** campus activities **must submit**, along with the completed application form, a letter of support written by the President, Chairman or Secretary of the said organisation(s).
 - A **certified co-curricular transcript** must accompany all applications.



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LIST OF AWARDS

UWI ID #:				
NAME	Title	Last Name/Surname	First Name	Middle Name(s)
PLEASE LIST THE AWARDS FOR WHICH YOU WISH TO APPLY (IN ORDER OF PREFERENCE):				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
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18.				
19.				
20.				



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BIOGRAPHIC PROFILE

BIOGRAPHIC PROFILE					
1. UWI ID #			2. TRN #		
3. NAME	Title	Last Name/Surname	First Name	Middle Name(s)	
4. Former NAME <i>(If Applicable)</i>	Title	Last Name/Surname	First Name	Middle Name(s)	
5. Name Type of Former Name: Maiden <input type="checkbox"/> (Prior to) Deed Poll <input type="checkbox"/> Other <input type="checkbox"/> Please Specify _____					
6. Date of Birth dd / mm / yyyy		7. Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		8. Marital Status	
9. Country of Birth			10. Nationality		
11. Are you a UWI Staff Member? Yes <input type="checkbox"/> No <input type="checkbox"/>			12. Are you a dependent of a UWI Staff Member? Yes <input type="checkbox"/> No <input type="checkbox"/>		
13. Disability		14. Employment Status		15. Employer	
16. Employer's Address _____ _____					
17. Employer's Telephone _____			18. Employer's E-mail Address _____		
CONTACT INFORMATION					
19. Permanent Address			22. Term/Mailing Address (if you reside on Hall please provide full details)		
Apt./Street/P.O. Box _____ _____ _____			Apt./Street/P.O. Box _____ _____ _____		
City/Town	Parish	Country	City/Town	Parish	Country
20. Home Phone		21. Cellular Phone	23. Contact Phone	24. E-mail Address	

ACADEMIC PROFILE

25. First Faculty of Admission	26. Present Faculty	27. Programme (B.A., B.Sc. etc.)	28. State your Major/Option
29. Enrolment Status	30. Level	31. Country of Responsibility	32. Expected Date of Graduation
33. Campus		34. Hall of Residence (Residing)	35. Hall Attachment

PARENTAL INFORMATION

Mother or Stepmother (Omit as necessary)	Father or Stepfather (Omit as necessary)
36. Name	43. Name
37. Address _____ _____	44. Address _____ _____
38. Telephone (W)	45. Telephone (W)
39. Telephone (H)	46. Telephone (H)
40. Occupation	47. Occupation
41. Employer	48. Employer
42. Salary \$ _____ Weekly - [] Fortnightly - [] Monthly - [] Annually - []	49. Salary \$ _____ Weekly - [] Fortnightly - [] Monthly - [] Annually - []

SPOUSAL INFORMATION

DEPENDENT CHILDREN

50. Name	58. Name	59. Age
51. Address (If Different from Applicant's Permanent Address) _____ _____ _____	60. Name of Child's School	
	61. Name	62. Age
	63. Name of Child's School	
	64. Name	65. Age
52. E-mail Address	66. Name of Child's School	
53. Telephone (H)	67. Other Dependent Children? Yes [] No []	
54. Telephone (W)		
55. Occupation		
56. Employer		
57. Salary \$ _____ Weekly - [] Fortnightly - [] Monthly - [] Annually - []		

BUDGET PLANNER

68. Budget for Academic Year _____ / _____

Expenses (\$)		Income/Resources (\$)	
69. Tuition Fees	_____	78. Present Bank Balance	_____
70. Books and Supplies	_____	79. Spouse's Contribution	_____
71. Accommodation		80. Family Contribution	_____
Hall of Residence	_____	81. Contribution From Other Sources	_____
Off Campus	_____	82. Proceeds From Employment	_____
72. Food	_____	83. Awards (e.g. Scholarships, Bursaries)	
73. Clothing	_____	Name of Award	Value
74. Toiletries	_____	a. _____	(\$) _____
75. Transportation		b. _____	(\$) _____
To and From UWI	_____	c. _____	(\$) _____
Field Trip	_____	84. Tuition Loans (e.g. SLB etc.)	Value
76. Contingencies (Please Specify)		a. _____	(\$) _____
Item	Cost (\$)	b. _____	(\$) _____
a. _____	_____	85. Grants	
b. _____	_____	a. _____	(\$) _____
c. _____	_____	b. _____	(\$) _____
d. _____	_____	86. Other Income/Resources	_____
77. Total Expenses	=====	87. Total Income/Resources	=====

88. Shortfall (Subtract Total Expenses from Total Income)

89. I affirm that the information provided within this form is correct:

Applicant's Signature

Date (dd/mm/yyyy)

REFEREE'S AFFIDAVIT

101. NAME	Last Name/Surname	First Name	Middle Initial(s)
102. Home Address _____ _____			
103. Telephone (H)	104. Telephone (W)	105. E-mail Address	
106. Occupation		107. Name of Employer/Business	
108. Name of student being recommended			
109. How long have you known him/her?	Year(s)	Month(s)	
110. What do you know of the applicant's family? _____ _____			
111. What do you know about the co-curricular activities of the applicant? _____ _____			
112. Is this person experiencing financial difficulties? Yes [] No []			
113. If 'yes' please explain: _____ _____			
114. Would you regard the student as someone with integrity? Yes [] No []			
115. If 'yes' please explain: _____ _____			
116. How would assistance from this office benefit the student? _____ _____			
117. Is there any other pertinent information that you think we should know? Yes [] No []			
118. If 'yes' please explain: _____ _____			
119. I hereby declare that the information provided above and by the applicant is to the best of my knowledge true.			
Signed _____			Date dd / mm / yyyy

- N.B.** - Referees must know the applicant for at least two (2) years and should be able to attest to the information provided by the applicant.
 - All Referees must affix the official stamp of their office / department / organization.

120. Academic distinctions and/or prizes received:

_____	_____
_____	_____
_____	_____
_____	_____

121. State benefits to be gained from your successful training:

122. State reason(s) for applying which may include, but not restricted, to financial circumstances:

123. PREVIOUS ASSISTANCE RECEIVED FROM THIS OFFICE (IF APPLICABLE)

DONOR	YEAR	AMOUNT (\$)

For Official Use Only

Documents Submitted

_____	_____
_____	_____

Assessment Committee's Decision

