



THE UNIVERSITY
OF THE
WEST INDIES
OPEN CAMPUS
ANGUILLA, WEST INDIES

JULIAN R. HARRIGAN MEMORIAL SCHOLARSHIP

SCHOLARSHIP APPLICATION FORM

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 University of the West Indies, Open Campus Anguilla by email - anguilla@open.uwi.edu by **August 5, 2020**. Late applications will not be considered.
- Students are not allowed to hold more than one financial award per semester.
- Please indicate '**N/A**' where information requested may not be applicable to applicant.
- All gross income amounts required must be stated in United States Dollar amounts.
- **All applicants must complete** the entire application to be considered, providing all additional documentation as listed in application checklist.
- **Provide a detailed description of your reason for applying for this scholarship and your financial NEED. Short explanations are discouraged.**
- Previous scholarship awardees **must** reapply to be reconsidered for financial assistance.

Value of Award

The value of the Julian R. Harrigan Memorial Scholarship will equate to the total of Fees for the Academic Year 2020/2021 - up to maximum of US\$2,200.00.

Applicants must:

- Be belongers of Anguilla and registered at The UWI Open Campus, Anguilla;
- Be accepted or currently enrolled in an **Undergraduate degree programme** at The UWI Open Campus Anguilla;
- Must have a **Cumulative and Degree** GPA of 3.0 or higher, if already a student;
- Demonstrate **great** financial need;
- Demonstrate leadership in work or community sphere e.g. Youth Clubs, Service Clubs etc.;
- Meet all other requirements of The UWI pertinent to student behavior and performance.



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APPLICATION FORM**

Student UWI ID # :				
NAME	Title	Last Name	First Name	Middle Name(s)
PLEASE NAME THE AWARDS FOR WHICH YOU WISH TO APPLY: UNDERGRADUATE OR POSTGRADUATE				
1.				

PLEASE BE GUIDED BY THE TERMS OF REFERENCE FOR THE APPLICABLE SCHOLARSHIP

APPLICATION CHECKLIST:	
<input type="checkbox"/>	Completed and signed application form
<input type="checkbox"/>	2 Letters of Recommendation
<input type="checkbox"/>	Copy of Valid Passport Page or other Valid Photo ID
<input type="checkbox"/>	Resume/Curriculum Vitae
<input type="checkbox"/>	UWI Open Campus Acceptance/Offer Letter



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APPLICATION FORM

APPLICANT INFORMATION

UWI ID #		Former UWI ID# (if applicable)		
NAME	Title	Last Name/Surname	First Name	Middle Name(s)
Former NAME <i>(If Applicable)</i>	Title	Last Name/Surname	First Name	Middle Name(s)
Type of Former Name: Maiden <input type="checkbox"/> (Prior to) Deed Poll <input type="checkbox"/> Other <input type="checkbox"/> Please Specify _____				
Date of Birth: yyyy / mm / dd		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		Marital Status
Country of Birth			Nationality	

STUDENT CONTACT INFORMATION

Permanent Address			Term/Mailing Address (if different)		
Apt./Street/P.O. Box _____ _____ _____			Apt./Street/P.O. Box _____ _____ _____		
City/Town	Parish	Country	City/Town	Parish	Country
Home Phone		Cellular Phone	Other Phone	E-mail Address	

OTHER STUDENT STATUS DECLARATIONS

Are you a UWI Staff Member? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a dependent of a UWI Staff Member? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Please provide documentation of disability if answer is Yes</i>		
Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Employer:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	
Employer's Address _____ _____			
Employer's Telephone: () _____		Employer's E-mail Address:	

ACADEMIC PROFILE

Year of First Admission (UWI)	OC Site	Programme (BSc, BEd etc.)	State your Major/Option
Total # of credits completed:	Course Level/Year: Level 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Year (BEd) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Country of Responsibility	Expected Date of Graduation

PARENTAL INFORMATION

Mother/Guardian (if responsible for you)	Father/Guardian (if responsible for you)
Name	Name
Address	Address
Telephone (W)	Telephone (W)
Telephone (H)	Telephone (H)
Occupation	Occupation
Employer	Employer
Salary \$ _____ (in US Dollars)	Salary \$ _____ (in US Dollars)
Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>

INFORMATION ON SPOUSE

DEPENDENTS

Name	Number of Children	
Address (If Different from Applicant's Permanent Address)	Name	Age
	Name of Child's School	
	Name	Age
	Name of Child's School	
E-mail Address	Name of Child's School	
Telephone (H)	Other Dependents? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Telephone (W)	Please give age of each additional dependent child	
Occupation	Please give relationship and age of other dependents	
Employer		
Salary \$ _____ (in US Dollars)		
Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>		

BUDGET PLANNER

Budget for Academic Year 2017-2018

Actual Annual Expenses (in USD\$ only)		Actual Annual Income/Resources (in USD\$ only)	
Tuition Fees	_____	Present Bank Balance	_____
Books and Supplies	_____	Spouse's Contribution	_____
Accommodation		Family Contribution	_____
Off Campus	_____	Contribution From Other Sources	_____
Food	_____	Proceeds From Employment	_____
Clothing	_____	Awards (e.g. Scholarships, Bursaries)	
Toiletries	_____	Name of Award	Value
Transportation		a. _____	(\$) _____
To and From the UWI	_____	b. _____	(\$) _____
Practicum/field trips	_____	c. _____	(\$) _____
Contingencies (Please Specify)		Tuition Loans (e.g. SLB, etc.)	Value
Item	Cost (\$)	a. _____	(\$) _____
a. _____	_____	b. _____	(\$) _____
b. _____	_____	Grants	
c. _____	_____	a. _____	(\$) _____
d. _____	_____	b. _____	(\$) _____
Total Expenses	=====	Other Income/Resources	_____
		Total Income/Resources	=====

Shortfall (Subtract Total Expenses from Total Income)

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

Applicant Signature

Date (yyyy/mm/dd)

WORK EXPERIENCE

INDICATE JOBS HELD WITHIN LAST FIVE YEARS (INCLUDING VACATION EMPLOYMENT)

Name of Organisation	Position Held	From	To	Salary /month
		yyyy / mm / dd	yyyy / mm / dd	
		yyyy / mm / dd	yyyy / mm / dd	
		yyyy / mm / dd	yyyy / mm / dd	
		yyyy / mm / dd	yyyy / mm / dd	
		yyyy / mm / dd	yyyy / mm / dd	

CAREER OBJECTIVE

STATE YOUR CAREER GOALS, AND THE CONTRIBUTION YOU WILL MAKE TOWARDS THE DEVELOPMENT OF YOUR ANGUILLA, IN 200 WORDS:

Please provide details on your community and volunteer activities. This should include the names of all the associations to which you are connected, both within and outside the UWI community.

CXC (CAPE AND CSEC) NEW STUDENTS ONLY

SUBJECT	YEAR	GRADE

