



THE UNIVERSITY
OF THE
WEST INDIES
OPEN CAMPUS

REGISTRY OF STUDENT SERVICES

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 Open Campus, Registry of Student Services by email - scholarship.applications@open.uwi.edu.
- Students are not allowed to hold more than one financial award
- 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 in UNITED STATES DOLLAR amounts
- **All applicants must complete** the entire application for it to be considered, providing all additional documentation as listed in application checklist. This is **mandatory**.
- **Please be detailed in your self expression of NEED as this is a strong factor in consideration for these awards. Short explanations are discouraged.**
- Previous scholarship awardees **MUST** reapply to be reconsidered for financial assistance.

Bursaries are awarded on ***Academic Merit/Performance, demonstrated financial need and co-curricular activities.***

Applicants must:

- Be nationals of a CARICOM country.
- Be currently enrolled in a **Bachelor degree programme only**.
- Have a **Cumulative and Degree** GPA of 3.0 or higher.
- Demonstrate **great** financial need.
- Have successfully completed at least 10 courses (30 credits), including all Level 1 and Foundation courses.
- Have a minimum of 10 courses (30 credits) left to complete their programme of study (going into their Level 3 (final year) or currently registered for Level 3 courses).
- Be involved in community or voluntary service, e.g. Youth Clubs, Service Clubs etc.
- Have been enrolled in both semesters of the previous academic year.
- Meet all other requirements of the UWI pertinent to student behaviour and performance.

Please note that if you are from a country that provides government support for tertiary level education, you may not be eligible for the bursaries.



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LIST OF AWARDS

Student UWI ID # :				
NAME	Title	Last Name	First Name	Middle Name(s)
PLEASE LIST THE AWARD(S) FOR WHICH YOU WISH TO APPLY (IN ORDER OF PREFERENCE):				
1.				
2.				

Awarded on ***Academic Merit/Performance and demonstrated financial need.***

APPLICATION CHECKLIST:	
<input type="checkbox"/>	Completed and signed Award application
<input type="checkbox"/>	2 Letters of Recommendation
<input type="checkbox"/>	Proof of financial status (To include bank statement, payslips, etc.)
<input type="checkbox"/>	Resume/Curriculum Vitae



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BIOGRAPHIC PROFILE

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 2015-2016

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)

