

THE UNIVERSITY OF THE WEST INDIES FIVE ISLANDS CAMPUS

Office of the Director of Administration - Enrolment Management Unit APPLICATION FOR SCHOLARSHIPS & BURSARIES 2023/2024

INSTRUCTION SHEET

- Please read the instructions carefully before completing the application form.
- Answer all questions. Incomplete applications will not be processed.
- Completed application forms should be submitted to the Enrolment Management Unit by the stipulated deadlines. Applications may be submitted in person or by email: fiveislands.scholarships@uwi.edu
- Please insert 'N/A' where the information requested is not applicable to your situation.
- Where income figures are required, gross amounts (amounts before tax) must be stated in Eastern Caribbean Dollars.
- All amounts stated in the budget planner (page 5) must be in Eastern Caribbean Dollars.
- All applicants must complete the entire application for it to be considered, providing all additional documentation as listed in the application checklist.
- Kindly note the following persons from whom references may be obtained:
 - Senior member of the UWI academic and professional staff (e.g. Lecturers, Senior Assistant Registrars)
 - UWI Counsellors
 - Justices of the Peace
 - Ministers of Religion
 - High School Principal/Vice Principal/ Guidance Counsellor
- Referees must know the applicant for a minimum of two (2) years and should be able to attest to the information provided by the applicant
- References are valid for six (6) months.
- **Do not** affix this sheet to the application when submitting.

Title	Last Name/Surname	First Name	Middle Name(s)	
	PLEASE LIST THE A	WARDS FOR WHICH YOU ARE APPI	YING (IN ORDER OF PREFERENCE)	
1.				
2.				
3.				
		APPLICATION CHECKI	IST:	
	[] Completed and signed ap	plication		
	[] 2 Letters of Recommenda	tion		
	[] Proof of Financial Status (to include bank statement and pay	y slips)	

Note:

UWI ID#

Upon electronic submission of the completed application, students will receive an email acknowledging receipt of application.

Biographic Profile							
1a. UWI ID#		1b. Former UWI					
2a. Title	2b. Last Name/	Surname	2c. First Name	2d. Middle	Name(s)		
FORMER NAME 3a.	Title 3b.	Last Name/Surname	3c. First Name	3d. Middle	Name(s)		
(if applicable)					11(5)		
4 D + CD' 1		[I C M is 1 Co.			
4. Date of Birth dd/mm/yyyy		5. Sex Male [] I	Sex Male [] Female [] 6. Marital Status				
7a. Country of Birth			7b. Nationality				
8a. Are you a UWI staff me	ember?			pendent of a UWI sta	ff member?		
Yes [] No []			Yes [] No	Yes [] No []			
9a. Disability	9b.	If Yes to 9a, state and	provide proof of disa	ability.			
Yes [] No []							
10a.Are you presently/have	e ever been a war	d of 10b If Yes to 10)a, state circumstance	·s			
the state?							
Yes [] No []							
11a Do you currently have	dependents?	If Yes to 11a,	If Yes to 11a,				
(Children under the age of	18 or elders over	the Number of child	dran				
age of 65) Yes [] No []							
		Number of elde	Number of elders				
12a. Are you presently emp	oloyed?	12b. Name of E	12b. Name of Employer (Company). Provide proof of employment.				
Yes[] No []							
		Contact Ini	EODMATION				
13a. Permanent Address		CONTACT IN	13b. Mailing Addre	ess (if different)			
Apt./Street/POBox			Apt./Street/POBox				
C'1-/T	I C 1		G'+-/T	T.D. 11	I C t		
City/Town	Country	Home Telephone	City/Town	Parish	Country		
		1					
14a Email Address (UWI)			14b Other Email Address				
15a Cellular Phone#		15b. Other Tele	15b. Other Telephone # 15c. Other Telephone #				
		ACADEMIC	Profile				
16a. First Faculty of Admission			16b. Present Faculty (if different)				
17a Enralment Status			Dua arrama in 2022/2024				
17a Enrolment Status Full time [] Part time		ar in Programme in 2023/2024 nary [] Year 1 [] Year 2 [] Year 3 [] Year 4 []					
, , , , , , , , , , , , , , , , , , ,							

	Wor k l	Experien	ce		
18. Indicate jobs held within the last five years (including part time, temporary and summer employment)					
Name of Organization	Position Held	From	То	Salary/monthly	
		ous Activi			
19. Indicate on-campus develop	mental activities in which y	ou were invol	ved. (Include o	ne-off and continuing voluntary a	ınd

On-Campus Activities						
19. Indicate on-campus developmental activities in which you were involved. (Include one-off and continuing voluntary and social activities).						
Clubs/Societies/Activity	Supervising Campus Office	Position Held	From	То	Provide proof of involvement (verification letters from activity leader)	

Co-Curr icular Activities					
20. Indicate off-campus developmental activities in which you were involved during the last five years . (Include one-off and continuing voluntary and social activities with church and community organisations)					
Clubs/Societies/Activity	s/Activity Position Held From To Provide proof of involvement (photos and verification letters from activity leader)				

BUDGET PLANNER (TO BE COMPLETED IN EC DOLLAR)					
21. Source of Funding					
COMPLETE THE SECTION BELOW BY INS	ERTING ANNU	AL AMOUNTS.			
Self					
	Annual Amount				
Bank-based Savings (provide bank statement)					
Other Savings	Other Savings				
Income from Employment					
How much of your savings and income from employment are you able to contribution toward your UWI expenses?					
D (/F :1/6 /O/1		Γ			
Parents/Family/Spouse/Other	Ammuel Ameeumt				
Name (s) of Relative (s) and relationship	Annual Amount				
1.					
2.					
3.					
4.					
What is the total amount of the contribution that you are receiving from relatives and other relationships toward your UWI expenses?					
Loan from Financial Institution (Provide proof of loan from Institution)					
Name of Institution	Annual Amount				
1.					
2.					
What is the total amount you have received as a loan that will be used toward your UWI expenses?					
Scholarship/Bursary Donor					
Name of Donor	Annual Amount				
1.					
2.					
What is the total amount you are receiving from scholarship/ bursary donors that will be used toward your UWI expenses?					
To	OTAL INCOME				

Budget Planner (To Be Comple	eted in E	C Dollar)Cont inued
22. UWI –Related Expenses (\$)	Amount	Supporting Documents
COMPLETE THE SECTION BELOW BY INSERTING ANNUAL AMOUNTS.	Assume nine	months for the academic year . SEE NOTE BELOW
Tuition Fees		
Books and Supplies		
Accommodation		
Food		
Clothing		
Toiletries		
Transportation (To and From UWI)		
Transportation (Field Trips)		
Other UWI Expenses (Laptop, lab fees etc)		
TOTAL UWI-RELATED EXPENSES		
Shortfall (Total Income – Total Expenses)		
Note		

Gross amounts (amounts before tax) must be stated.
All amounts stated must be in Eastern Caribbean Dollars

Assume nine months for the academic year (ie calculate one month's expense and multiply by 9 to complete the budget for tuition and miscellaneous fees. Use the actual UWI fees)

For the Tuition fees at number 22 of the Budget planner, add the UWI tuition and miscellaneous fees and use that figure.

Awards and Scholarship Information				
23a. Will you apply for transfer to another Campus or	23b. If yes to 23a, please specify the Campus and/or programme of			
programme of study in the upcoming academic year?	study.			
Yes [] No []				
24a. Have you been awarded a UWI-scholarship/bursary	24b. If yes to 24a,			
to facilitate study?	Name of Award(s)			
Yes [] No []	Year(s)			
	Y 1			
	Value \$			
25a. Have you been awarded a non- UWI scholarship/	25b. If yes to 25a,			
bursary to facilitate study?	Name of Award(s)			
Yes [] No []	Year(s)			
	Value \$			

Awards and Scholarship InformationContinued					
26a. Have you received assistance from The UWI Regional Headquarters Scholarship Office previously?	26b. If yes to 27a, Name of Award(s)				
Yes [] No []	Year(s)				
	Value \$				
27. Academic Distinction and/or prizes received					
1.					
2.					
3.					
4.					
Di	ECLARATION				
By signing below, you are confirming that ALL information provided in this application is correct and acknowledge that any incorrect information provided will be grounds for the application to be rejected.					
Applicant's Signature	Date(dd/mm/yyyy)				
Assessment (Committee's Decision				