



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 by **JUNE 1, 2017**. Late applications will not be considered.
- 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.

List of Awards

UWI Toronto Gala Scholarship (Duration one-academic year only) with a value of CAD\$3000

American Foundation of the University of the West Indies (AFUWI) Scholarship (Duration one-academic year only) valued between US\$2000- US\$5000

Both 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 2016-2017 academic year.
- Have started their programme of study **on or after** the 2013-2014 academic year.
- Meet all other requirements of the UWI pertinent to student behavior 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.



THE UNIVERSITY
OF THE
WEST INDIES
OPEN CAMPUS

REGISTRY OF STUDENT SERVICES
APPLICATION FOR FINANCIAL ASSISTANCE

LIST OF AWARDS

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

UWI Toronto Gala Scholarship (Duration one-academic year only) with a value of CAD\$3000

American Foundation of the University of the West Indies (AFUWI) Scholarship (Duration one-academic year only) valued between US\$2000- US\$5000

Both bursaries are 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 Payslips, etc.)
<input type="checkbox"/>	Resume/Curriculum Vitae



THE UNIVERSITY
OF THE
WEST INDIES
OPEN CAMPUS

REGISTRY OF STUDENT SERVICES

APPLICATION FOR FINANCIAL ASSISTANCE

BIOGRAPHIC PROFILE

UWI ID #		Former UWI ID# (if applicable)		
NAME	Title	Last Name/Surname	First Name	Middle Name(s)
Former NAME (If Applicable)	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	_____
		Proceeds From Employment	_____
Food	_____	Awards (e.g. Scholarships, Bursaries)	
Clothing	_____	Name of Award	Value
Toiletries	_____	a. _____	(\$) _____
Transportation		b. _____	(\$) _____
To and From the UWI	_____	c. _____	(\$) _____
Practicum/field trips	_____	Tuition Loans (e.g. SLB, etc.)	Value
Contingencies (Please Specify)		a. _____	(\$) _____
Item	Cost (\$)	b. _____	(\$) _____
a. _____	_____	Grants	
b. _____	_____	a. _____	(\$) _____
c. _____	_____	b. _____	(\$) _____
d. _____	_____	Other Income/Resources	_____
Total Expenses	=====	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)

