



THE UNIVERSITY OF THE WEST INDIES  
MONA CAMPUS

OFFICE OF STUDENT FINANCING  
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.
  - Special attention **MUST** be given when completing the budget on page 5 to ensure that it is accurate and realistic.
  - Completed application forms should be submitted to the **Office of Student Financing, UWI Mona Campus** by the stipulated deadlines. Applications deposited in the OSF drop box at “SASS” will also be processed.
  - Where income figures are required, gross amounts (amounts before tax) must be stated.
  - All amounts stated in the budget planner (page 5) must be in Jamaican Dollars.
  - Students are allowed to have **one(1)** award of any value **or** multiple awards where the sum total of the awards does not exceed the value of **tuition and residence fees (if the student lives on hall)**.
  - **The Referee's Affidavit must be signed, stamped (or sealed) and submitted** with all application forms. Kindly note the following persons from whom references may be obtained:
    - **Senior member of the UWI academic and professional staff (e.g. Lecturer, Student Services' Development Managers, Senior Assistant Registrars)**
    - **UWI Counsellors (Health Centre)**
    - **Justices of the Peace**
    - **Ministers of Religion**
    - **High School Principal/Vice Principal/ Guidance Counsellor**
- \*\* Referee's 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.



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UWI ID #:			
Title	Last Name/Surname	First Name	Middle Name(s)
<b>PLEASE LIST THE AWARDS FOR WHICH YOU ARE APPLYING</b>			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**NOTE:**

- Applications will not be processed without the completed referee's affidavit.
- You are required to check your UWI (mymona) email for regular communication from OSF
- At the end of the application period students will receive an email acknowledging receipt of all applications



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**BIOGRAPHIC PROFILE**

<b>1. STUDENT ID #:</b>		<b>2. STUDENT TRN :</b>	
3a. Title	3b. Last Name/Surname	3c. First Name	3d. Middle Name(s)
<b>Former NAME</b> <i>(If Applicable)</i>	4a. Title	4b. Last Name/Surname	4c. First Name
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 <b>dd / mm / yyyy</b>		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"/>	
13a. Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	13b. State Disability		13c. Are you registered with Jamaica Council for Persons with disabilities? Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Employment Status	15a. Employer Name (Company)	15b. Supervisor	
16. Employer's Address _____			
17. Employer's Telephone _____		18. Employer's E-mail Address _____	
19. <b>High School (s) Attended:</b>			

**CONTACT INFORMATION**

<b>20. Permanent Address</b>			<b>21. Term/Mailing Address</b> (if you reside on Hall please provide full details)		
Apt./Street/P.O. Box _____			Apt./Street/P.O. Box _____		
_____			_____		
City/Town	Country	Home Phone	City/Town	Parish	Country

22. E-mail Address	23. Cellular Phone #	24. Contact #1	25. Contact #2
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**ACADEMIC PROFILE**

26. First Faculty of Admission	27. Present Faculty	28. Programme (B.A., B.Sc. etc.)	29. State your Major/Option
30a. Enrolment Status Full Time [ ] Part Time [ ]	30b. Current Level/Year of study Preliminary [ ] Year 1 [ ] Year 2 [ ] Year 3 [ ] Year 4 [ ] Year 5 [ ]	31. Country of Responsibility	32. Expected Date of Graduation
33. Campus Location Mona Kingston [ ] Mona WJC [ ]	34. Hall of Residence ( <i>Residing</i> )	35. Hall of Residence ( <i>Attachment</i> )	
36. Have you applied for the Student Exchange Programme? Yes [ ] No [ ]			
37. Have you been awarded a Scholarship/Bursary tenable at UWI Yes [ ] No [ ]			
38a. If Yes, state name of Award _____		38b. Value \$ _____	

**PARENTAL INFORMATION**

39. Mother [ ] Stepmother [ ]	47. Father [ ] Stepfather [ ]
40. Name _____	48. Name _____
41. .Address _____ _____	49. .Address _____ _____
42. Telephone (W) _____	50. Telephone (W) _____
43. Telephone (H) _____	51. Telephone (H) _____
44. Occupation _____	52. Occupation _____
45. Employer _____	53. Employer _____
46. Salary \$ _____ Weekly - [ ] Fortnightly - [ ] Monthly - [ ] Annually - [ ]	54. Salary \$ _____ Weekly - [ ] Fortnightly - [ ] Monthly - [ ] Annually - [ ]

**SPOUSAL INFORMATION**

**APPLICANT'S DEPENDENTS**

55. Name _____	63. Name _____	64. Age _____
56. Address (If Different from Applicant's Permanent Address) _____ _____ _____	65. Name of Child's School _____	
	66. Name _____	67. Age _____
	68. Name of Child's School _____	
	69. Name _____	70. Age _____
57. E-mail Address _____	71. Name of Child's School _____	
58. Telephone (H) _____	72. Other Dependent Children? Yes [ ] No [ ]	
59. Telephone (W) _____		
60. Occupation _____		
61. Employer _____		
62. Salary \$ _____ Weekly - [ ] Fortnightly - [ ] Monthly - [ ] Annually - [ ]		



**BUDGET PLANNER (TO BE COMPLETED IN JMD)**

76. Budget (projection of income & expenses) for academic year **2023/2024-Use Gross amount for proceeds from employment**

<b>Expenses (\$)</b>		<b>Income/Resources (\$)</b>	
77. Tuition Fees (See notes below)	_____	86. Present Bank Balance of Student	_____
78. Books and Supplies	_____	87. Spouse's Contribution	_____
79. Accommodation (Complete only if applicable)		88. Family Contribution	_____
Hall of Residence	_____	89. Contribution From Other Sources	_____
Off Campus ( Rent)	_____	90. Proceeds From Employment	_____
80. Food	_____	91. Awards (e.g. Scholarships, Bursaries)	
81. Clothing	_____	Name of Award Received	Value
82. Toiletries	_____	a. _____	(\$) _____
83. Transportation		b. _____	(\$) _____
To and From UWI	_____	c. _____	(\$) _____
Field Trip	_____	92. Tuition Loans (e.g. SLB etc.)	Value
84. Other school expenses (eg. laptop )		a. _____	(\$) _____
Item	Cost (\$)	b. _____	(\$) _____
a. _____	_____	93. Grants	
b. _____	_____	a. _____	(\$) _____
c. _____	_____	b. _____	(\$) _____
d. _____	_____	94. Other Income/Resources	_____
<b>85. Total Expenses</b>	=====	<b>95. Total Income/Resources</b>	=====

96. Shortfall (Subtract Total Expenses from Total Income)

**NB:**  
**Gross amounts (amounts before tax) must be stated.**  
**All amounts stated must be in Jamaican Dollars.**  
**Assume nine months for the academic year (ie calculate one month's expense and multiply by 9 to complete the budget-except for tuition and miscellaneous fees. Use the actual UWI fees)**  
**For Tuition fees at item 77 of the form please add the UWI tuition and miscellaneous fees and use that figure**

**97. Academic distinctions and/or prizes received:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**98. State reasons for applying:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**99. State your career goals and the contribution you intend to make towards the development of your community or country:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**100. PREVIOUS ASSISTANCE RECEIVED FROM THIS OFFICE (IF APPLICABLE)**

DONOR	YEAR	AMOUNT (\$)

101. I confirm 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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFEREE'S AFFIDAVIT**

<b>NAME</b>	Last Name/Surname	First Name	Middle Initial(s)
Address _____ _____			
Telephone (H)	Telephone (W)	E-mail Address	
In what capacity are you signing		Name of Employer/Business	
Name of <b>STUDENT</b> being recommended		Student ID #:	
Student Email Address:			
How long have you known him/her?	Year(s)	Month(s)	
What do you know of the applicant's family? _____ _____			
What do you know about the co-curricular activities of the applicant? _____ _____			
To your knowledge, is this person experiencing financial difficulties? Yes [ ] No [ ] If 'yes' please explain: _____ _____ _____			
Would you regard the student as someone with integrity? Yes [ ] No [ ] If 'yes' please explain: _____ _____			
Is there any other pertinent information that you think we should know? Yes [ ] No [ ] If 'yes' please explain: _____ _____			
I hereby declare that the information provided above and by the applicant is to the best of my knowledge true.			
Signed _____		Date <b>dd / mm / yyyy</b>	

**N.B.**

- This form should be completed by the following persons: Senior members of the UWI academic and professional staff (e.g. Lecturer), Student Services and Development Managers, UWI Counsellors (Health Centre), Justices of the Peace, Ministers of Religion, High School Principals/Vice Principals/Guidance Counsellors.
- NO OTHER REFERENCE WILL BE ACCEPTED
- 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. Justices of the Peace (JP's) must affix their official seal provided by the Government.