



THE UNIVERSITY OF THE WEST INDIES  
MONA CAMPUS

## OFFICE OF STUDENT FINANCING

**APPLICATION FOR FINANCIAL AID – ST. VINCENT & THE GRENADINES NATIONALS ONLY**

**2021/2022**

### 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 **Office of Student Financing, UWI Mona Campus** by placing same in the OSF DROP BOX LOCATED IN THE BURSARY CUSTOMER SERVICE AREA (SAS). Students who are currently outside of Jamaica due to the pandemic may email their application forms to [anique.clarke@uwimona.edu.jm](mailto:anique.clarke@uwimona.edu.jm) and [kevin.brown02@uwimona.edu.jm](mailto:kevin.brown02@uwimona.edu.jm)
  - 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.
  - **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.

### NOTE:

- Applications will not be processed without the completed referee's affidavit-EMAIL ACCEPTED
- 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					
1. UWI ID #:			2. Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		
3a. Title	3b. Last Name/Surname		3c. First Name	3d. Middle Name(s)	
<b>Former NAME (If Applicable)</b>	4a. Title	4b. Last Name/Surname	4c. First Name	4d. Middle Name(s)	
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. Marital Status		
8. Country of Birth			9. Nationality		
10. Are you a UWI Staff Member? Yes <input type="checkbox"/> No <input type="checkbox"/>			11. Are you a dependent of a UWI Staff Member? Yes <input type="checkbox"/> No <input type="checkbox"/>		
12a. Disability Yes <input type="checkbox"/> No <input type="checkbox"/>		13. State Disability			
14. Employment Status		15a. Employer Name (Company)		15b. Supervisor	
16. Employer's Address _____ _____					
17. Employer's Telephone _____			18. Employer's E-mail Address _____		
19. High School Attended:					
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

**ACADEMIC PROFILE**

26. Present Faculty		27. Programme (B.A., B.Sc. etc.)	28. State your Major/Option
29. Enrolment Status Full Time [ ] Part Time [ ]	30. 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> )	
37. Have you been awarded a Scholarship/Bursary tenable at UWI Mona 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 - [ ]		

**73. Work Experience**

**Indicate jobs held within last five years (including summer employment)**

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

**75. Co-Curricular Record (On and Off Campus - (church & community organisations included)**

<b>Name of Organisation/Group</b>	<b>Position Held</b>	<b>From</b>	<b>To</b>
		dd / mm / yyyy	dd / mm / yyyy
		dd / mm / yyyy	dd / mm / yyyy
		dd / mm / yyyy	dd / mm / yyyy
		dd / mm / yyyy	dd / mm / yyyy
		dd / mm / yyyy	dd / mm / yyyy
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		dd / mm / yyyy	dd / mm / yyyy
		dd / mm / yyyy	dd / mm / yyyy
		dd / mm / yyyy	dd / mm / yyyy
		dd / mm / yyyy	dd / mm / yyyy
		dd / mm / yyyy	dd / mm / yyyy

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

76. Budget (projection of income & expenses) for academic year **2021/2022**

<b>Expenses (\$)</b>		<b>Income/Resources (\$)</b>	
77. Tuition Fees	_____	86. Present Bank Balance of Student	_____
78. Books and Supplies	_____	87. Spouse's Contribution	_____
79. Accommodation		88. Family Contribution	_____
Hall of Residence	_____	89. Contribution From Other Sources	_____
Off Campus	_____	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	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. State reasons for applying:

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

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99. PREVIOUS ASSISTANCE RECEIVED FROM UWI

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**

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**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		<b>Student ID #:</b>	
Student Email Address:			
How long have you known him/her?	Year(s)	Month(s)	
What do you know of the applicant's family? _____ _____ _____			
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.
- 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.