



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 **July 12, 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

Sol Caribbean Limited Scholarship Undergraduate with a value of US\$2,250

Sol Caribbean Limited Scholarship Postgraduate with a value of US\$7,500

Applicants must:

- Be nationals of OECS, CARICOM or any Sol territory.
- Be accepted or currently enrolled in a **Undergraduate or Postgraduate Social Science degree programme**.
- Have a **Cumulative and Degree** GPA of 3.0 or higher.
- Demonstrate **great** financial need.
- Have successfully completed at least the first year of programme. This is not relevant to the graduate applicants.
- Demonstrate leadership in work or community sphere e.g. Youth Clubs, Service Clubs etc.
- Have been enrolled in both semesters of the 2016-2017 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.



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Sol Caribbean Limited Scholarship

Student UWI ID # :				
NAME	Title	Last Name	First Name	Middle Name(s)
PLEASE NAME THE AWARDS FOR WHICH YOU WISH TO APPLY: UNDERGRADUATE OR POSTGRADUATE				
1.				

PLEASE BE GUIDED BY THE TERMS OF REFERENCE FOR THE APPLICABLE SCHOLARSHIP

APPLICATION CHECKLIST:	
<input type="checkbox"/>	Completed and signed 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



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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 (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)

