



THE UNIVERSITY OF THE WEST INDIES
MONA CAMPUS

OFFICE OF STUDENT FINANCING
APPLICATION FOR SCHOLARSHIPS & BURSARIES
2024/2025

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)
PLEASE LIST THE AWARDS FOR WHICH YOU ARE APPLYING			
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

1. STUDENT ID #:		2. STUDENT TRN :		
3a. Title	3b. Last Name/Surname		3c. First Name	3d. Middle Name(s)
Former NAME <i>(If Applicable)</i>	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 dd / mm / yyyy		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. High School (s) Attended:				

CONTACT INFORMATION

20. Permanent Address			21. Term/Mailing Address (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. 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 \$ _____		54. Salary \$ _____	
Weekly - [] Fortnightly - [] Monthly - [] Annually - []		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 **2024-2025 (Use Gross amount for proceeds from employment)**

Expenses (\$)	Income/Resources (\$)
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 _____
85. Total Expenses	95. Total Income/Resources
=====	=====

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

NAME	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 STUDENT 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 dd / mm / yyyy	

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.