



THE UNIVERSITY OF THE WEST INDIES  
CAVE HILL CAMPUS  
ACADEMIC BURSARY APPLICATION FORM

**FORM "A"**

**NOTES AND INSTRUCTIONS**

- (1) Complete **LEGIBLY** with **BLACK INK**.
- (2) Only students who will be FULL-TIME are eligible for Bursaries.
- (3) A student reading Pre-Agriculture Courses or more than one Preliminary Course in the Faculty of Pure & Applied Sciences is **NOT** eligible for a Bursary.
- (4) Completed application forms should be submitted through the Senior Assistant Registrar/Assistant Registrar (Admissions) on your Campus by **30 June 2010**.

**N.B. Year II Hotel/Tourism Management applicants should submit their applications through the University Representative, Bahamas.**

- (5) A student who obtains a Bursary for study in one Faculty will not be allowed to keep the same Bursary on transfer to another Faculty. He/she should re-apply from his/her new Faculty at the appropriate time.
- (6) Students are not allowed to hold more than one award where together both value 25%\* of maintenance cost plus tuition or above that amount.

\* 15% Cave Hill

ID NUMBER: \_\_\_\_\_

SURNAME (block letters): \_\_\_\_\_

OTHER NAMES (block letters): \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_ Tel. # \_\_\_\_\_

TERM ADDRESS: \_\_\_\_\_

\_\_\_\_\_ Tel. # \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: Male  Female:

NATIONALITY: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
TERRITORY

MARITAL STATUS: \_\_\_\_\_ NO. OF CHILDREN: \_\_\_\_\_

SCHOOL(S)/COLLEGES ATTENDED: \_\_\_\_\_

CURRENT AWARD (if any): \_\_\_\_\_

ANNUAL VALUE OF AWARD (if applicable): \_\_\_\_\_

OTHER FINANCIAL ASSISTANCE: LOAN \_\_\_\_\_ GRANT \_\_\_\_\_  
\$ AMOUNT \$ AMOUNT

PRESENT CAMPUS: \_\_\_\_\_ PRESENT FACULTY: \_\_\_\_\_

DEGREE PROGRAMME: \_\_\_\_\_

DATE OF ADMISSION TO U.W.I.: \_\_\_\_\_ PRESENT STATUS: F/T  P/T

**(FOR STUDENTS INTENDING TO TRANSFER TO ANOTHER CAMPUS FOR 2010/2011)**

PROPOSED CAMPUS (if applicable): \_\_\_\_\_

PROPOSED FACULTY (if applicable): \_\_\_\_\_

PROPOSED DEGREE/PROGRAMME: \_\_\_\_\_

Tick in the appropriate line below, the level for which you registered in 2009/2010.

MEDICAL SCIENCES

OTHER FACULTIES

STAGE I \_\_\_\_\_

LEVEL/YR I \_\_\_\_\_

STAGE II \_\_\_\_\_

LEVEL/YR. II \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date