



THE UNIVERSITY OF THE WEST INDIES
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 **June 30, 2009**.

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 2009/2010)

PROPOSED CAMPUS (if applicable): _____

PROPOSED FACULTY (if applicable): _____

PROPOSED DEGREE/PROGRAMME: _____

Tick in the appropriate line below, the level for which you registered in 2008/2009.

MEDICAL SCIENCES

OTHER FACULTIES

STAGE I _____

LEVEL/YR I _____

STAGE II _____

LEVEL/YR. II _____

Signature of Applicant

Date