



THE UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS
THE ANTHONY & JOY BLAND
SCHOLARSHIP APPLICATION FORM

Please complete legibly. Only registered FULL-TIME Students or Student going into FULL-TIME study in Year II will be considered for a Scholarship

Section I

STUDENT ID # _____

SURNAME: _____	OTHER NAMES: _____
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DATE OF BIRTH: _____	COUNTRY OF BIRTH: _____
NATIONALITY: _____	MARITAL STATUS: _____
NO. OF DEPENDENTS: _____	SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>

PERMANENT ADDRESS	TERM ADDRESS
EMAIL ADDRESS: _____	

TELEPHONE NO: <i>(local)</i> _____	CELL PHONE NO: _____
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PRESENT CAMPUS & LL.B PROGRAMME LEVEL: _____
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Section II

PERSONAL HISTORY

School/University Record

YEARS	SCHOOL/UNIVERSITY	ACTIVITIES

State Your Other Interest and Activities

Any Other Information

References

NAME	ADDRESS

Section III

STATEMENT OF INTERESTS

A Statement setting out why you should be considered for this award. E.g. Particular areas of the law that interest you and/or any project you may wish to pursue.

Section IV

PROJECTED INCOME AND EXPENSES FOR ACADEMIC YEAR

Employment of Applicant:	If not employed , please state your sources of financial support e.g Mother and/or Father, Guardian, Spouse, Loan etc.
If source is Mother and/or Father, Guardian, Spouse, please state	
Name of Source:	No. of Dependents: Age of Dependents
Place of Employment:	Post Held: Annual Salary:

(Please complete the relevant column)

		Parent(s)/Guardian \$		Applicant/Spouse \$
Income for the Year	Mother		Student	
	Father		Spouse	
	Other		Other	
	TOTAL		TOTAL	
Expenses for the YEAR	Mortgage			
	Rent (Home)			
	Rent (Student)			
	Tuition Fee (Applicant)			
	Utilities (Telephone, Electricity, Water)			
	Books (Applicant)			
	Travelling			
	Groceries (Applicant)			
	Groceries (Home)			
	TOTAL			

