



THE UNIVERSITY OF THE WEST INDIES

CAVE HILL CAMPUS

ACADEMIC BURSARY APPLICATION FORM

FORM A

NOTES AND INSTRUCTIONS

1. Complete **LEGIBLY**
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 (Student Affairs) on your Campus by **30 June** of the **CURRENT** Academic Year.

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

STUDENT ID # _____

SURNAME: _____		OTHER NAMES: _____	
DATE OF BIRTH: _____		COUNTRY OF BIRTH: _____	
NATIONALITY: _____		SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
MARITAL STATUS: _____		NO. OF DEPENDENTS: _____	
PERMANENT ADDRESS		TERM ADDRESS	
EMAIL ADDRESS: _____			
TELEPHONE NO: <i>(local)</i> _____		CELL PHONE NO: _____	
SCHOOL(S)/COLLEGES ATTENDED: _____			
CURRENT AWARD (if any): _____			
ANNUAL VALUE OF AWARD (if applicable): _____			
OTHER FINANCIAL ASSISTANCE:			
LOAN AMOUNT \$ _____		GRANT AMOUNT \$ _____	

PRESENT FACULTY/CAMPUS & DEGREE PROGRAMME: _____	
DATE OF ADMISSION TO U.W.I: _____	
PRESENT STATUS: F/T <input type="checkbox"/> P/T <input type="checkbox"/>	

FOR STUDENTS INTENDING TO TRANSFER TO ANOTHER CAMPUS FOR NEXT ACADEMIC YEAR

PROPOSED CAMPUS (if applicable): _____

PROPOSED FACULTY (if applicable): _____

PROPOSED DEGREE/PROGRAMME: _____

TICK IN THE APPROPRIATE BOX BELOW, THE LEVEL FOR WHICH YOU ARE REGISTERED

MEDICAL SCIENCES

OTHER FACULTIES

STAGE I STAGE II

LEVEL/YR I LEVEL/YR II

Signature of Applicant

Date