



THE UNIVERSITY OF THE WEST INDIES

CAVE HILL CAMPUS

CO-CURRICULAR BURSARY APPLICATION FORM

FORM B

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. **STUDENTS WHO APPLY ON THE BASIS OF INVOLVEMENT IN CAMPUS ACTIVITIES SHOULD:**
 - (a) Submit a written statement setting out the activities in which they have participated.
 - (b) Ask a member of the Senior Administrative/Academic Staff of the University to write attesting to the involvement as stated (**SEE ADVERTISEMENT**).
5. Completed application forms should be submitted through the Senior Assistant Registrar/Assistant Registrar (Student Affairs) on your Campus by **30 June**.

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

6. 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.
7. 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

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

DETAILED CO-CURRICULAR ACTIVITIES ON CAMPUS

Signature of Applicant

Signature of University Personnel

Date