

## WIGUT(JAMAICA) 60<sup>TH</sup> ANNIVERSARY SCHOLARSHIP

*Open to Caribbean nationals. Tenable at The UWI Mona Campus to complete postgraduate studies in a Taught Masters programme*

### APPLICANTS MUST COMPLETE ALL SECTIONS

Student Registration/ID #:
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**Note: Please read the criteria and eligibility requirements before completing this application form**

### SECTION I

<b>(1) NAME</b>	<i>Surname</i>	<i>First Name</i>	<i>Middle Name/s</i>
<b>(2) ADDRESS</b>	<hr/> <hr/>		
	<b>e-mail address:</b>		
<b>(3) PHONE</b>	<i>Home</i>	<i>Work</i>	<i>Mobile</i>
			<i>Fax</i>
<b>(4) DATE OF BIRTH</b>	<b>(5) COUNTRY OF BIRTH</b>	<b>(6) NATIONALITY</b>	
<i>year /month/day</i>			
<b>(7) GENDER</b>	<b>(8) MARITAL STATUS</b>		<b>(9) DEPENDENTS</b>
Male <input type="checkbox"/>	Single <input type="checkbox"/>	Separated <input type="checkbox"/>	Number: _____
Female <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Ages: _____
<b>(10) Post Graduate Programme in which you are registered for Academic year 2018/19:</b>			
_____			
<b>(11) Have you been awarded a Scholarship or Bursary tenable at the U.W.I. Yes <input type="checkbox"/> No <input type="checkbox"/></b>			
If yes, state the name of Scholarship/Bursary:			
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**(12) Qualifications: [Degrees, Diplomas or Certificates]**

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**SECTION II**

**(13) University/School Record**

Years	University/School	Class of Degree and GPA

**(14) State the reasons why you think you deserve to be awarded this scholarship:**

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**(15) Are you a final year Masters student at the U.W.I.?                      Yes                       No**

**(15a) Are you Full-time  OR Part-time**

**SECTION III**

**(16) Projected Income and Expenses for Academic Year**

A. Place of employment of applicant: \_\_\_\_\_

B. If not employed, please state your sources of financial support e.g. Mother and/or Father, Guardian, Spouse, Loan etc.

\_\_\_\_\_  
\_\_\_\_\_

**(17) If source is Mother and/or Father, Guardian, Spouse, please state:**

Name: \_\_\_\_\_

No. of Dependents: \_\_\_\_\_

Age of Dependents: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Post Held: \_\_\_\_\_

Annual Salary: \_\_\_\_\_

**(18) Net Income for Academic Year: (Please complete relevant column)**

Parent(s)/Guardian(s)		Applicant and/or Spouse	
Mother	\$	Applicant	\$
Father	\$	Spouse	\$
Other	\$	Other	\$
Total	\$	Total	\$

**(19) Expenses for Academic Year: Parent(s)/guardian(s)**

Mortgage	\$
Rent	\$
Dependents=School/University Fees	\$
Other Major Expenses <i>(Please itemize)</i>	\$
	\$
	\$
	\$
	\$
Total	\$

**(20) Expenses for Academic Year: Applicant and/or Spouse**

Mortgage	\$
Rent	\$
Dependents=School/University Fees	\$
Other Major Expenses <i>(Please itemize)</i>	\$
	\$
	\$
Total	\$

**SECTION IV**

**(21) Supporting Information**

Student may provide below any additional information that could support this request for financial assistance.

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**(22) References**

Name	Address

**(23) I certify that the above information is true and correct to the best of my knowledge and belief.**

**Signature of Applicant.....**

**Date.....**

**IMPORTANT NOTE**

**1. Any other information**

*Full details should be given of any involvement in advocacy in Community life and/or public service, and should be certifiable from records. Include memberships of Clubs, etc.*