

(This section to be completed by all other Applicants)

Name and Address of Employer: _____
Name of Spouse: _____
Name of Dependents: _____
State your Occupation: _____
State Your Annual Income: _____
State Your Annual Family Income: _____

GENERAL

State any other information you wish to submit in evidence of financial need

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNED: _____
(Applicant)
DATE: _____



Application Form
Scholarship & Bursary Programme
UWI Global Campus - Grenada



PLEASE READ THE FOLLOWING BEFORE COMPLETING THE FORM:

Completed forms should be submitted to:
The Head
UWI Global Campus – Grenada
P.O. Box 439
H.A. Blaize Street, St. George's

Applications are accepted for **Semester I**; please contact the UWI Global Campus Centre for the application deadline.

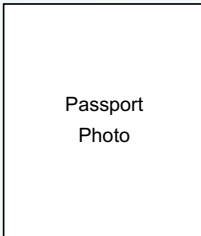
Required Supporting Documents
All Application forms **MUST** be accompanied by **certified photocopies** of the following original documents:

- Birth certificate, diplomas, awards, and certificates
- Original and current references prepared by two (2) persons of upstanding repute
- One (1) passport-sized photograph
- Evidence of acceptance to the UWI Global Campus Programme
- Full details of community involvement or activities
- Job letter and/or recent payslip
- University/College transcripts (where applicable)

Note: Applications not accompanied by the foregoing documents will be considered incomplete and will not be processed.

Form Completion Requirements
Forms must be **typewritten** or written in **block letters**.

Passport
Photo



PROGRAMME YOU ARE APPLYING FOR

Name of the Programme: _____
Faculty: _____
Major/Speciality: _____
Name of Campus: _____
Duration (years): _____
Start Date (dd/mm/yy): _____
Have you been awarded a Scholarship or Bursary tenable at UWI? Yes ☐ No ☐

CONFIDENTIAL

(This section to be completed by Applicants dependent on Parents/Guardians)

Name and Contact No. of Father/Guardian:

Occupation of Father/Guardian:

Annual Income of Father/Guardian –EC\$:

Name and Contact No. of Mother/Guardian:

Annual Income of Mother/Guardian – EC\$:

Number of Children Dependent on Father/Mother/Guardian:

Ages of Children: _____

Number of Children receiving Tertiary Education which is paid for out of Total Family Income: _____



PERSONAL DATA

First name: _____
Surname: _____
Birthdate (dd/mm/yy): _____
Place of Birth: _____
Nationality: _____
Country of Residence: _____
Sex: Male ☐ Female ☐
Marital Status: _____
Address: _____
Tel (Home): _____ Tel (Mobile): _____
Email: _____