(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





Scholarship & Bursary Application Form for the UWI Open Campus **Grenada**





PLEASE READ THE FOLLOWING BEFORE COMPLETING THE FORM:

This form must be completed and returned to The Head, UWI Open Campus - Grenada, P.O. Box 439, H.A. Blaize Street, St. George's. Applications are accepted for Semesters I and II. Please contact the Open Campus Centre for deadline.

All Application forms must be accompanied by certified photocopies of all original diplomas, certificates, awards and birth certificates as well as original and current references prepared by the two (2) persons indicated in the reference section, one (l) passport sized photograph, evidence of enrolment status and full details of community life.

Applicants must have copies of university/college transcripts forwarded to The Head, UWI Open Campus - Grenada, H. A. Blaize Street, St. George's Grenada. Applications will be considered incomplete until transcripts are received.

First name:

Surname:

Birthdate (dd/mm/yy):

Place of Birth:

Nationality:

Country of Residence:

Marital Status: _____

Tel (Home): _____ Tel (Campus): _____ Email: _____

Female \square

Applications that are not accompanied by the foregoing documents will be considered incomplete and will not be processed.

Forms must be typewritten or written in block letters.

PERSONAL DATA

Sex: Male

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
Have you applied for a UWI Bursary? Yes No No

Name of Applicant:

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:



