

SPORT ENHANCEMENT PROJECT

APPLICATION FOR SPORTS GRANT & SCHOLARSHIP

PLEASE INDICATE THE AWARDS FOR WHICH YOU WISH YOU APPLY:				
Accommodation Grant [] Sports Scholarship []				
Other (please specify):				
BIOGRAPHIC PROFILE				
1. UWI ID#			2. TRN #	
3. NAME	Title	Last Name/Surname	First Name	Middle Name (s)
4. Former NAME (If Applicable)	Title	Last Name/Surname	First Name	Middle Name (s)
5. Type of Former Name: Maiden [] (Prior to) Deed Poll [] Other [] Please Specify: _____				
6. Date of Birth		7. Sex: Male [] Female []		8. Marital Status
9. Country of Birth			10. Nationality	
11. Are you a UWI Staff Member? Yes [] No []			Are you a depended of a UWI Staff Member? Yes [] No []	
13. Disability		14. Employment Status		15. Employer
16. Employer's Address				
APT./STREET/P.O. BOX				
CITY/TOWN		PARISH		COUNTRY
17. Employer's Telephone			18. Employer's E-mail Address	
CONTACT INFORMATION				
19. Permanent Address			22. Term/Mailing Address	
APT./STREET/P.O. BOX			APT./STREET/P.O. BOX	
CITY/TOWN	PARISH	COUNTRY	CITY/TOWN	PARISH
COUNTRY			CITY/TOWN	PARISH
COUNTRY			CITY/TOWN	PARISH
20. Home Phone		21. Work Phone		23. Contact Phone
				24. E-mail Address

ACADEMIC PROFILE			
25. First Faculty of Admission	26. Present Faculty	27. Programme (B.A., B.Sc., etc.)	28. State your Major/Option
29. Enrolment Status	30. Level	31. Country of Responsibility	32. Expected Date of Graduation
33. Campus	34. Hall of Residence (Residing)	35. Hall Attachment	
PARENTAL INFORMATION			
Mother or Stepmother (Omit as necessary)		Father or Stepfather (Omit as necessary)	
36. Name		43. Name	
37. Address _____ _____		44. Address _____ _____	
38. Telephone (W)		45. Telephone (W)	
39. Telephone (H)		46. Telephone (H)	
40. Occupation		47. Occupation	
41. Employer		48. Employer	
42. Salary \$ _____ Weekly – [] Fortnightly – [] Monthly – [] Annually – []		49. Salary \$ _____ Weekly – [] Fortnightly – [] Monthly – [] Annually – []	
SPOUSAL INFORMATION (if applicable)		DEPENDENT CHILDREN (if applicable)	
Mother or Stepmother (Omit as necessary)		58. Name	59. Age
50. Name		60. Name of Child's School	
51. Address (if different from applicant's permanent address) _____ _____		61. Name	62. Age
52. E-mail Address		63. Name of Child's School	
53. Telephone (W)		64. Name	65. Age
54. Telephone (H)		66. Name of Child's School	
55. Occupation		67. Other Dependent Children? Yes [] No []	
56. Employer			
57. Salary \$ _____ Weekly – [] Fortnightly – [] Monthly – [] Annually – []			

BUDGET PLANNER

Budget for Academic Year ____/____

Expenses (S)	Income/Resources (S)
69. Tuition/Fees _____	78. Present Bank Balance _____
70. Books and Supplies _____	79. Spouse's Contribution _____
71. Accommodation	80. Family Contribution _____
Hall of Residence _____	81. Contribution from
Off Campus _____	Other Sources _____
72. Food _____	82. Proceeds from
73. Clothing _____	Employment _____
74. Toiletries _____	83. Awards (e.g. Scholarships, Bursaries)
75. Transportation	Name of Award Value (S)
To and From UWI _____	a. _____
Field Trip _____	b. _____
76. Contingencies (Please Specify)	c. _____
Item Cost (S)	84. Tuition Loans (e.g. SLB etc.)
a. _____	a. _____
b. _____	b. _____
c. _____	85. Grants
d. _____	a. _____
	b. _____
	86. Other Income/Resources _____
77. Total Expenses _____	87. Total Income/Resources _____

88. Shortfall (Subtract Total Expenses from Total Income)

89. I affirm that the information provided within this form is correct:

Applicant's Signature

Date (dd/mm/yyyy)

FOR OFFICIAL USE ONLY

Documents Submitted

_____	_____
_____	_____
_____	_____

Assessment Committee's Decision

