



**The University of the West Indies
Sports Department
SPORTS SCHOLARSHIP APPLICATION FORM**

PERSONAL INFORMATION

Name:		
<i>First Name</i>	<i>Last Name</i>	<i>Middle Initial</i>
Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
ID#:		
Permanent Address:		
Telephone Home:	Cell:	
Email:		
Date of Birth:	<i>(dd/mm/yyyy)</i>	
Nationality:		
Sports:		
Highest Level that you currently compete at:		
<input type="checkbox"/> International <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> Club <input type="checkbox"/> School		
Event/Position:		
Last School Attended:		
Name of Coach:		
Coach's Telephone	Coach's Cell:	

Current UWI Students	
Faculty:	Major:
Year of Study:	Expected Graduation Date:

REFERENCES

Personal Referee		
Name:		
<i>First Name</i>	<i>Last Name</i>	<i>Middle Initial</i>
Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss
Address:		
Telephone Home:	Cell:	
Email:		

Sporting Referee <i>(This reference should confirm your performance at elite level. Ideally this should be from your coach, relevant to the highest level of competition reached.)</i>		
Name:		
<i>First Name</i>	<i>Last Name</i>	<i>Middle Initial</i>
Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss
Address:		
Telephone Home:	Cell:	
Email:		

SIGNATURE OF APPLICANT: _____

DATE: _____

When completed this form should be returned to:

Miss Grace Jackson
Student Services and Development Manager, Sports
The University of the West Indies
Sports Department
4 Gibraltar Hall Road
Mona, Kingston 7
Jamaica