THE UNIVERSITY OF THE WEST INDIES
OPEN CAMPUS

ANGUILLA CHAMBER OF COMMERCE AND INDUSTRY

SCHOLARSHIP APPLICATION FORM

INSTRUCTION SHEET

- Please **read the instructions carefully** before completing this form and answer all relevant questions. Incomplete applications will not be processed.
- Completed application forms should be submitted to The University of the West Indies, Open Campus Anguilla by email - **anguilla@open.uwi.edu** **by July 31, 2019.** Late applications will not be considered.
- Students are not allowed to hold more than one financial award per semester.
- Please indicate **'N/A'** where information requested may not be applicable to applicant.
- All gross income amounts required must be stated in UNITED STATES DOLLAR amounts.
- **All applicants must complete** the entire application to be considered, providing all additional documentation as listed in application checklist.
- **Provide a detailed description of your reason for applying for this scholarship and your financial NEED. Short explanations are discouraged.**
- Previous scholarship awardees **MUST** reapply to be reconsidered for financial assistance.

Award

The Anguilla Chamber of Commerce and Industry Scholarship; value will equate to the total of Academic Fees for Academic Year 2019/2020 based upon credits attempted and achieved.

Applicants must:

- Be belongers of Anguilla and registered at The UWI Open Campus, Anguilla Site.
- Be accepted or currently enrolled in an **Undergraduate Degree Programme** at The UWI Open Campus Anguilla Site**.**
- If enrolled before 2017/2018 academic year, must have a **Cumulative and Degree** GPA of 2.7 or higher.
- Demonstrate **great** financial need.
- Demonstrate leadership in work or community sphere e.g. Youth Clubs, Service Clubs etc.
- Meet all other requirements of The UWI pertinent to student behavior and performance.

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APPLICATION FORM

Student UWI ID # :				
NAME	Title	Last Name	First Name	Middle Name(s)
PLEASE NAME THE SCHOLARSHIP FOR WHICH YOU WISH TO APPLY: UNDERGRADUATE OR POSTGRADUATE				

PLEASE BE GUIDED BY THE TERMS OF REFERENCE FOR THE APPLICABLE SCHOLARSHIP

APPLICATION CHECKLIST:	
☐	Completed and signed application form
☐	2 Letters of Recommendation
☐	Copy of Valid Passport Page or other Valid Photo ID
☐	Resume/Curriculum Vitae
☐	UWI Open Campus Acceptance/Offer Letter

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APPLICATION FORM

APPLICANT INFORMATION				
UWI ID #			Former UWI ID# (if applicable)	
NAME	Title	Last Name/Surname	First Name	Middle Name(s)
Former NAME ***(If Applicable)***	Title	Last Name/Surname	First Name	Middle Name(s)
Type of Former Name: Maiden ☐ (Prior to) Deed Poll ☐ Other ☐ Please Specify _____				
Date of Birth: **yyyy / mm / dd**		Sex: Male ☐ Female ☐		Marital Status
Country of Birth		Nationality		

STUDENT CONTACT INFORMATION					
Permanent Address Apt./Street/P.O. Box_____ _____ _____			**Term/Mailing Address (if different)** Apt./Street/P.O. Box _____ _____ _____		
City/Town	Parish	Country	City/Town	Parish	Country
Home Phone	Cellular Phone		Other Phone	E-mail Address	

OTHER STUDENT STATUS DECLARATIONS		
Are you a UWI Staff Member? Yes ☐ No ☐		Are you a dependent of a UWI Staff Member? Yes ☐ No ☐
Disability Yes ☐ No ☐	*Please provide documentation of disability if answer is Yes*	
Employed: Yes ☐ No ☐	Employer:	Full-time ☐ Part-time ☐
Employer's Address _____ _____		
Employer's Telephone: ( ) _____		Employer's E-mail Address:

ACADEMIC PROFILE			
Year of First Admission (UWI)	OC Site	Programme (BSc, BEd etc.)	State your Major/Option
Total # of credits completed:	Course Level/Year: Level 1 ☐ 2 ☐ 3 ☐ Year (BEd) 1 ☐ 2 ☐ 3 ☐ 4 ☐	Country of Responsibility	Expected Date of Graduation

PARENTAL INFORMATION - IF APPLICABLE	
Mother/Guardian (if responsible for you) Name	**Father/Guardian** (if responsible for you) Name
Address _____ _____ _____	Address _____ _____ _____
Telephone (W)	Telephone (W)
Telephone (H)	Telephone (H)
Occupation	Occupation
Employer	Employer
Salary $_____ (in US Dollars) Weekly ☐ Fortnightly ☐ Monthly ☐ Annually ☐	Salary $_____ (in US Dollars) Weekly ☐ Fortnightly ☐ Monthly ☐ Annually ☐

INFORMATION ON SPOUSE	DEPENDENTS	
Name	Number of Children	
Address (If Different from Applicant's Permanent Address) _____ _____ _____ _____ _____	Name	Age
	Name of Child's School	
	Name	Age
E-mail Address	Name of Child's School	
Telephone (H)	Other Dependents? Yes ☐ No ☐	
Telephone (W)	Please give age of each additional dependent child	
Occupation		
Employer	Please give relationship and age of other dependents	
Salary $_____ (in US Dollars) Weekly ☐ Fortnightly ☐ Monthly ☐ Annually ☐		

BUDGET PLANNER

Budget for Academic Year 2017-2018

Actual Annual Expenses (in USD$ only)		Actual Annual Income/Resources (in USD$ only)	
Tuition Fees	_____	Present Bank Balance	_____
Books and Supplies	_____	Spouse's Contribution	_____
Accommodation		Family Contribution	_____
Off Campus	_____	Contribution From Other Sources	_____
		Proceeds From Employment	_____
Food	_____	Awards (e.g. Scholarships, Bursaries)	
Clothing	_____	Name of Award	Value
Toiletries	_____	a. _____	($) _____
Transportation		b. _____	($) _____
To and From the UWI	_____	c. _____	($) _____
Practicum/field trips	_____	Tuition Loans (e.g. SLB, etc.)	Value
Contingencies (Please Specify)		a. _____	($) _____
Item	Cost ($)	b. _____	($) _____
a. _____	_____	Grants	
b. _____	_____	a. _____	($) _____
c. _____	_____	b. _____	($) _____
d. _____	_____	Other Income/Resources	_____
Total Expenses	==========	**Total Income/Resources**	==========

Shortfall (Subtract Total Expenses from Total Income) | |

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

_____ _____

Applicant Signature Date (yyyy/mm/dd)

AWARDS AND SCHOLARSHIP INFORMATION
Will you apply for transfer to another Campus or programme of study in the upcoming academic year? Yes ☐ No ☐
If yes, please specify Campus and Programme of Study:
Have you been awarded a UWI Scholarship/Bursary to facilitate study? Yes ☐ No ☐ If Yes, state name and year(s) of award _____ Value $_____
Have you been awarded a non-UWI Scholarship/Partial Scholarship to facilitate study at the UWI? Yes ☐ No ☐ If Yes, state name and year(s) of award _____ Value $_____

EXPRESSION OF NEED FOR SCHOLARSHIP
PLEASE BE DETAILED IN YOUR SELF EXPRESSION OF NEED (300-400 WORDS)

WORK EXPERIENCE INDICATE JOBS HELD WITHIN LAST FIVE YEARS (INCLUDING VACATION EMPLOYMENT)				
Name of Organisation	**Position Held**	**From**	**To**	**Salary /month**
		yyyy / mm / dd	yyyy / mm / dd	
		yyyy / mm / dd	yyyy / mm / dd	
		yyyy / mm / dd	yyyy / mm / dd	
		yyyy / mm / dd	yyyy / mm / dd	
		yyyy / mm / dd	yyyy / mm / dd	

CAREER OBJECTIVE

STATE YOUR CAREER GOALS, AND THE CONTRIBUTION YOU WILL MAKE TOWARDS THE DEVELOPMENT OF YOUR ANGUILLA, IN 200 WORDS:

Please provide details on your community and volunteer activities. This should include the names of all the associations to which you are connected, both within and outside the UWI community.

CXC (CAPE AND CSEC) NEW STUDENTS ONLY		
SUBJECT	**YEAR**	**GRADE**