

**PLEASE READ THE FOLLOWING BEFORE COMPLETING THE FORM:**

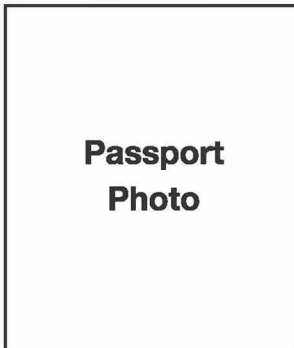
This form must be completed and returned to The Resident Tutor, UWI Centre – Grenada, P.O. Box 439, H.A. Blaize Street, St. George's, Grenada **no later than June 30th**. Late and/or incomplete forms will not be considered.

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, two (2) passport sized photographs, evidence of enrolment status and full details of community life.

Applicants must have copies of university/college transcripts forwarded to The Resident Tutor, UWI School of Continuing Studies – Grenada Centre, H. A. Blaize Street, St. George's Grenada. Applications will be considered incomplete until transcripts are received.

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.



**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

**CONFIDENTIAL**

Name of Applicant: \_\_\_\_\_

*(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\$: \_\_\_\_\_

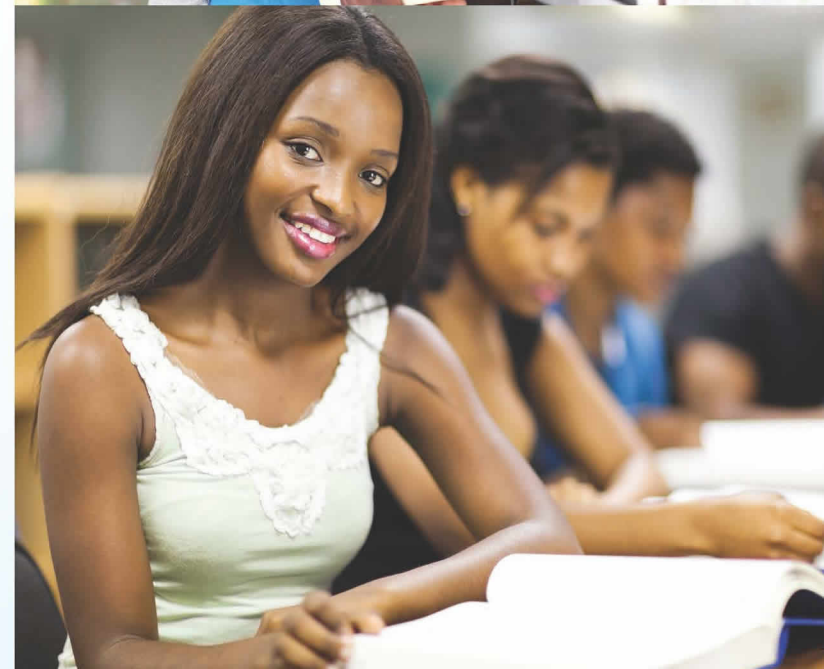
Name and Contact No. of Mother/Guardian: \_\_\_\_\_

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 (Campus): \_\_\_\_\_

Email: \_\_\_\_\_