



BARBADOS PUBLIC WORKERS' CO-OPERATIVE CREDIT UNION LIMITED

EDUCATIONAL GRANT APPLICATION

Application Date: _____

Account #: _____

SECTION 1

Name: _____ Male
Female
Last Name First Name Middle Name

Address: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Fax No.: _____ Email Address: _____

Age: _____ Date of Birth _____ Marital Status: Single Married Separated Divorced
Mth Day Yr

Country of Birth: _____ Nationality: _____

SECTION 2

Employment Status: Unemployed Temporary/Seasonal Permanent/Full-time
Part-time Self-Employed Other _____

Employer: _____ Employment Period: _____ (months/years)

Occupation: _____ No. of dependents _____ Ages: _____

SECTION 3

University/College/School Attending: _____

Country: _____ Course Name: _____

Full cost of Program: _____ Delivery Method: Full time Part time Distance Other _____

Level: Certificate Diploma Associate Degree Undergraduate Degree
Masters Doctorate Other _____

First-degree: Yes No Start Date _____ Duration _____ (months/years) Current Academic Year _____
Month / Year

Mailing Address *(If residing overseas)* _____

If you are a full time student, unemployed or supported by a relative complete below:

Name & Address of Sponsor: _____

_____ Sponsor's C.U A/c #: _____ Relation to applicant: _____

If you are receiving other financial assistance, please give details *(i.e. student loan, scholarship, and sponsor)* _____

Reason for the Grant: Living Expenses Books/Study Materials School/Tuition Fees Other _____

Amount Requested: \$ _____ Amount in Words _____

Have you received funding from the Credit Union before? Yes No If yes, Amount _____ Year _____

The applicant or their sponsor should complete the details of income and expenditure overleaf.



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DETAILS OF INCOME & EXPENDITURE

Monthly Weekly

Income :
Allowances :
Other Income : _____ (give details)

Total Income : _____

Less Expenses:

PAYE :
NIS :
Life Insurance :
Credit Union :
Workers' Union :
Rent :
Mortgage :
Food :
Telephone :
MCTV :
Electricity :
Water :
Gas :
Bus fare :
Vehicle expense :
Bank Payment :
Credit Card Payment :
Hire Purchase :
Other Deductions : _____

Total expenses : _____

Surplus (Total Income less Total expenses): \$

CURRENT COMMITMENTS

<u>Name of Company/Person</u>	<u>Monthly Payment</u>	<u>Balance Outstanding</u>
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____

Bankers: _____ Type of Account: Saving Chequing Balances: _____

Please include the following when submitting this application:

1. *Written proof of acceptance to a tertiary level institution*
2. *Written proof of performance and academic qualifications to date*
3. *Evidence to support the cost of the course/program*
4. *A written summary of why grant should be approved*

*Special conditions apply; contact the Credit Union for further details. All approved payments will be credited to the relevant member account.

I acknowledge that the information contained herein is true to the best of my knowledge and I authorize the Credit Union to obtain or verify any information that may be necessary in consideration of this request. It is accepted that any misstatement or omission on this form may invalidate this application or result in a withdrawal of any offer of assistance previously made on the basis of this application.

Signature of Applicant/Sponsor: _____ Date: _____