



BARBADOS PUBLIC WORKERS'  
CO-OPERATIVE CREDIT UNION LIMITED

## EDUCATIONAL GRANT APPLICATION

**Please note the following:**

1. Educational Grants are available for **members only** (General Membership and/or Thrift Club) membership must exist for at least one year prior to the application.
2. Members must demonstrate that due to their financial status, there is a definite need for financial assistance.
3. Priority consideration will be given to First Degree, Certificate or Diploma Studies - all others will be considered at the Committee's discretion.
4. Financial assistance will not be granted for the sitting of supplemental or summer exams, re-sitting of failed exams or as refunds for expenses already incurred.
5. Applicants must be making regular contributions to their account while maintaining a minimum savings balance of \$300 - no delinquency must exist on account.

**Contact the Credit Union for further details.**

Application Date: \_\_\_\_\_  
Month / Day / Year

Account #: \_\_\_\_\_

### SECTION 1

Name: \_\_\_\_\_  
Last Name First Name Middle Name

Male   
Female

Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month / Day / Year

Marital Status: Single  Married  Separated  Divorced  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: \_\_\_\_\_

Location: \_\_\_\_\_ Course Name: \_\_\_\_\_

Full cost of Programme: \_\_\_\_\_ 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 parent or legal guardian who is also a member of our credit union complete below:**

Name & Address of Parent/Relative: \_\_\_\_\_

Parent/Relative's C.U A/c #: \_\_\_\_\_ Relation to applicant: \_\_\_\_\_



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If you are receiving other financial assistance, please give details (*i.e. student loan, government exhibition or scholarship*)

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 \_\_\_\_\_

### Details of Income & Expenditure

**To be completed by:**

1. Employed applicants
2. Parents/guardians/supporters of applicants under the age of 18 years

Monthly  Weekly

Income	
Allowances	
Other Income (give details)	
<b>Total Income:</b>	\$
<b>Less Expenses:</b>	
<i>PAYE</i>	
<i>NIS</i>	
<i>Life Insurance</i>	
<i>Credit Union</i>	
<i>Workers' Union</i>	
<i>Rent</i>	
<i>Mortgage</i>	
<i>Food</i>	
<i>Telephone</i>	
<i>MCTV</i>	
<i>Electricity</i>	
<i>Water</i>	
<i>Gas</i>	
<i>Bus Fare</i>	
<i>Vehicle Expense</i>	
<i>Bank Payment</i>	
<i>Credit Card Payment</i>	
<i>Hire Purchase</i>	
<i>Other Deductions</i>	
<b>Total Expenses:</b>	\$
<b>Excess/Shortfall</b> ( <i>Total Income less Total Expenses</i> )	\$

**Please include the following when submitting this application:**

- Written proof of acceptance to a university or other tertiary level institution.
- Written proof of performance i.e. transcripts or a letter.
- A written statement regarding why the grant should be approved.
- Official evidence of costs associated with the course of study.
- Evidence of financial resources to support the course of study **NB. the amount approved for grants is not likely cover the full cost of any program, the committee therefore may seek confirmation of funding from other sources prior to disbursement.**

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: \_\_\_\_\_