



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)	
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:	\$
Excess/Shortfall (<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: _____