

**U.W.I. Credit Union Co-operative Society Ltd.**  
**CARIBBEAN ADVANCED PROFICIENCY EXAMINATION (CAPE) GRANT**  
**APPLICATION FORM**

Applicant's Name \_\_\_\_\_

C.U Account Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

School (at date of Examinations) \_\_\_\_\_

CAPE Number \_\_\_\_\_

Parent's Name  
 (UWI Credit Union Member) \_\_\_\_\_

Department (if on Campus) \_\_\_\_\_

Contact Nos. \_\_\_\_\_

**Certification**  
 (To be completed by applicant's Parent)

I (Print Name) \_\_\_\_\_ hereby certify  
 that the information contained in this application is true and correct.

\_\_\_\_\_  
 Parent's Signature Date \_\_\_\_\_

**NB Official Results MUST accompany this application form**

For Official Use Only		
	Yes	No
Applicant is a bona fide member for over six months	<input type="checkbox"/>	<input type="checkbox"/>
Contributed to account prior to application for at least six months	<input type="checkbox"/>	<input type="checkbox"/>
Parent is Compliant	<input type="checkbox"/>	<input type="checkbox"/>
Applicant is in good financial standing	<input type="checkbox"/>	<input type="checkbox"/>