

U.W.I. Credit Union Co-operative Society Ltd.
CONTINUING EDUCATION (CE) GRANT
APPLICATION FORM

Applicant's Name _____

C.U Account Number _____ Date of Birth _____

Address _____

Name of School _____
Form _____

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 Report Book or record of all term 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"/>