### "Enhancing the Quality of Life"



# U.W.I. Credit Union Bursaries 2019/2020

Applications are invited for four (4) Annual U.W.I. Credit Union Bursaries (Brenda Fraser, Vibert Medford, Claude Mc Eachrane and Jill Thompson Bursaries).

The Bursaries are open to all bona fide members of the U.W.I. Credit Union in good financial standing. Applicants must be pursuing tertiary level courses as may be approved by the Credit Union and must have successfully completed Year One of the approved course of study. Academic merit and financial need will be the two most important factors for the determination of the awards.

The maximum value of the award is TT\$5,000.00.

Application forms and a full list of the rules governing the award are available at the Credit Union Office or website <a href="www.uwicu.tt">www.uwicu.tt</a>. Applications must be completed and returned to the office not later than **October 18th**, **2019**.

### U.W.I. Credit Union Your Institution of First Choice

# U.W.I. CREDIT UNION CO-OPERATIVE SOCIETY LTD.



### **BURSARY APPLICATION FORM**

Section 1.		[ ] Male	[ ] Female	
Name:				
Surname	First Name		Middle Name	
Credit Union A/C No	Telephone Contact (H)	(W)	(C)	
Mailing Address:				
Current Address:				
Date of Birth:	Nation	nality:		
Marital Status:	Number of Dependents:			
Are you in receipt of any	other Scholarship or Bursary?	[ ] Ye	es [ ] No	
Section 2.				
Name of Institution in wh	ich you are currently enrolled:			
Address of Institution:				
Name of Programme:				
Course Year:	Cou	urse Duration: _		
Status:	[ ] Full-time [ ] Pa	art-time		

## Section 3 Academic Qualifications

Examining Body		Level	Result	Grade	Year
(Cambridge/London/CXC etc.	Subjects	(Adv/Ord)	(Pass/Fail/Referred)		

Other Qualifications: (Certificates, Diplomas, Degrees)		

Current tertiary Academic Record

Courses	Year	Results (including Grades)
200120		

## Section 4 Financial Assessment

Number of po	ersons in hou	usehold: Number of the	ose per	rsons employed:
Number of po	ersons attend	ling school (including Tertiary)	:	
Are any mem	bers of your	household: [ ] Retired [ ]	Unem	ployed [ ]Handicapped
Occupation a	nd Annual I	ncome of the following		
If residing wi		S		
ii residing w	•	Occupation		Annual Income
	Age	Occupation		Amiuai income
Self			\$	
Spouse			\$	
Mother			\$	
Father			\$	
Child			\$	
Child			\$	
Other			\$	
Total			\$	
		Taxes Mortgage/Rent Insurances (Life/Heath/Pen Loans Savings Food Utilities Transport Education Medical Entertainment Other Total	sion	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other Inform	ation in evid	lence of financial need		Current Pay Slip [ ]

## <u>Section 5</u> <u>Personal Interest and Development</u>

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