



U.W.I. CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

APPLICATION FORM FOR A U.W.I. CREDIT UNION BURSARY

Instructions. Applicants must be bona fide, active, and compliant U.W.I. Credit Union members in good financial standing. Applicants must complete Sections 1 to 6 and submit the application to the Credit Union Office or email to Grantsubmissions@uwicu.tt by the stipulated deadline. Incomplete applications or applications without supporting documents will not qualify for the award of a Bursary.

Section 1: Personal Information

1. Name: _____
Surname First Name Middle Name

2. Sex: Male Female

3. Telephone Contact: (Mobile) _____ (Work) _____ (Home) _____

4. E-mail address: _____

5. Current Residential Address: _____

6. Mailing Address: _____

7. Date of Birth: _____ Age: _____ Nationality: _____
(dd/mm/yyyy)

8. Marital Status: Single Separated Common-law Married

9. No. of Dependents: _____

Section 2: Programme Details

1. Name of institution in which you are currently enrolled: _____
2. Address of Institution: _____
3. Name of Programme: _____
4. Programme Duration (years): _____ Current academic year of enrollment: _____
5. Registration Status: Full-time Part-time
6. Successfully completed one year of the programme? Yes No
7. Is your programme GATE-funded? Yes No
8. Is your programme a self-financing programme? Yes No
9. Are you in receipt of a Scholarship or Bursary? Yes No
10. Were you previously awarded a U.W.I. Credit Union Bursary for a programme at this same level (technical/ vocational/ undergraduate/ postgraduate)? Yes No

Section 3: Qualifications

1. Academic and Other Qualifications Achieved:

Programme (Technical/Vocational/ Tertiary – Undergraduate/ Postgraduate)	Certificate/ Diploma/ Degree Awarded	Year Awarded

Section 4: Financial Assessment

1. Name and Address of Employer of Applicant: _____

2. Number of members in household: _____ Number of household members employed: _____

3. Number of household members attending school (including tertiary): _____

4. Are any members of your household: Retired Unemployed Differently-abled?

5. Include the age, occupation and monthly income of each household member(s) responsible for financing or providing financial support to your programme of study:

Household Members	Age	Occupation	Monthly Income (before deductions)
Self			\$
Spouse			\$
Mother			\$
Father			\$
Applicant's Dependent			\$
Applicant's Dependent			\$
Other (for example, grandmother, brother, aunt)			\$
			Total Monthly Household Income (before deductions)
			\$ _____

6. Monthly Household Expenses:

Employer Deductions (Medical Insurance/ Pension/ Other – Union dues)	\$
Employer Taxes and Insurances (HS/ NIS/ PAYE)	\$
Mortgage/ Rent	\$
Insurances (Medical/ Life/ Health/ Pension/ FIP)	\$
Loans (Bank/ Credit Union/ Island Finance/ Credit Card/ U.W.I. Consumption)	\$
Hire Purchase (Standard/ Courts/ Other)	
Savings (Bank/ Credit Union/ UTC/ Other)	\$
Food	\$
Utility Bills (T&TEC/ WASA/ Telephone/ Internet/ Cable/ Other)	\$
Transport	\$
Educational (Tuition/ Books/ Stationery/ Other - Uniform)	\$
Medical & Dental	\$
Entertainment	\$
Other (Day care fees/ Gasoline/ Vehicle Maintenance/ Security systems)	\$
Personal	\$
Total Monthly Household Expenses	\$

7. Other information in evidence of financial need and/ or mitigating factors (Cover letter may be included): _____

Section 5: Participation in Activities

1. Credit Union Activities

Year	Name of Credit Union	Activities

2. Institutional Activities

Year	Name of Institution	Activities

3. Community/ Other Activities

Year	Name of Establishment	Activities

Section 6: Checklist of Supporting Documents

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|--|----------------|
| 1. Section 2 Programme Details (complete and up-to-date transcript) included? | Yes [] No [] |
| 2. Section 4 Item 5 Statement of Monthly Income (pay slip/other) of <u>each</u> of household member financing your programme included? | Yes [] No [] |
| 3. Section 4 Item 6 Evidence of Household Expenses (copies of bills/receipts) included? | Yes [] No [] |
| 4. Section 4 Item 7 Evidence of financial need and/or other mitigating factors identified? | Yes [] No [] |

Any outstanding documents MUST be submitted by the stipulated deadline.

I hereby certify that the information contained in this Application form for a U.W.I. Credit Union Bursary is true and correct, and accept that the information may be subject to verification.

_____	_____	_____
NAME (BLOCK LETTERS)	<i>Signature</i>	Date

For Official Use Only

1. Date received: _____
2. Applicant’s Credit Union A/c No.: _____
3. Membership:

a. Active	Yes []	No []
b. Compliant	Yes []	No []
c. Good Financial Standing	Yes []	No []
4. Section 6 Supporting documents received? Yes [] No []

_____	_____
Member Service Representative’s (MSR) Name (BLOCK LETTERS)	<i>Signature</i>