



PWD Co-operative Credit Union Ltd

Affiliated with the Jamaica Cooperative Credit Union Ltd.

147 Maxfield Ave, P.O. Box 292, Kingston 10, Jamaica Tel: (876) 926-5745, 960-4354, Fax: (876) 960-4355

APPLICATION FORM – PEP SCHOLARSHIP

STANDARD REQUIREMENT:

The Parent/Guardian must provide the following:

1. A copy of the child's Birth Certificate
2. A copy of the Grade Six Achievement Test (PEP) result
3. Submission of last two (2) school reports
4. A letter of acceptance from the school the child will be attending
5. Two recent passport size photograph
6. Proof that the "funds" received will be spent on the child's behalf
7. Children of Volunteers and Employees are not eligible to apply.

PLEASE NOTE: INCOMPLETE APPLICATION WILL NOT BE CONSIDERED

1. PARENT/GUARDIAN INFORMATION

MOTHER'S NAME: _____ ACCOUNT NO.: _____

ADDRESS: _____

HOME NO.: _____ CELL NO.: _____

LENGTH OF MEMBERSHIP WITH C/U _____

MARITAL STATUS: SINGLE MARRIED

FATHER'S NAME: _____ ACCOUNT NO.: _____

ADDRESS: _____

HOME NO.: _____ CELL NO.: _____

LENGTH OF MEMBERSHIP WITH C/U _____

MARITAL STATUS: SINGLE MARRIED

2. EMPLOYMENT DATA

OCCUPATION OF MOTHER: _____

NAME OF EMPLOYER: _____ WORK NO. _____

ADDRESS OF EMPLOYER: _____

SALARY PER ANNUM: (TICK THE APPROPRIATE BOX BELOW)

LESS THAN \$400,000 \$401,000-\$600,000 \$601,000-\$800,000 \$801,000-\$1,000,000

\$1,001,000-\$1,200,000 GREATER THAN 1,200,000

OCCUPATION OF FATHER: _____

NAME OF EMPLOYER: _____ WORK NO.: _____

ADDRESS OF EMPLOYER: _____

SALARY PER ANNUM: (TICK THE APPROPRIATE BOX BELOW)

LESS THAN \$400,000 \$401,000-\$600,000 \$601,000-\$800,000 \$801,000-\$1,000,000

\$1,001,000-\$1,200,000 GREATER THAN 1,200,000

3. CHILD PERSONAL DATA

NAME OF CHILD IN FULL: _____

ADDRESS: _____

GENDER: MALE FEMALE NATIONALITY: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: (DD/MM/YYYY) _____

IS YOUR CHILD A MEMBER OF THE TREASURE CHEST? YES NO

IF YES, PLEASE STATE NUMBER OF YEARS? _____

4. ACADEMIC INFORMATION

NAME OF SCHOOL ATTENDED: _____

ADDRESS OF SCHOOL ATTENDED: _____

5. HAS HE/SHE PASSED THE GRADE SIX ACHIEVEMENT TEST (GSAT)? YES NO

NAME SCHOOL HE/SHE WILL BE ATTENDING: _____

ADDRESS OF SCHOOL HE/SHE WILL BE ATTENDING: _____

6. DO YOU HAVE OTHER CHILDREN ATTENDING SCHOOL? YES NO

IF YES, PLEASE LIST BELOW:

NAME OF CHILD	SCHOOL ATTENDING
_____	_____
_____	_____
_____	_____
_____	_____

7. ARE ANY OF THE CHILDREN RECEIVING ASSISTANCE NOW? YES NO

IF YES, WHAT KIND OF ASSISTANCE: PATH RELATIVE OTHER

8. PLEASE LIST THE NAME, ADDRESS AND CONTACT # OF TWO (2) REFERENCES:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I hereby certify that the information given above is accurate.

Signature of Parent/Guardian: _____ Date: _____

The completed form along with supporting documents should be submitted in a sealed envelope and address to:

Scholarship Committee
C/o PWD Co-Operative Credit Union Limited
147 Maxfield Avenue
Kingston 10

Official Use:

APPROVED: NOT APPROVED:

REASON FOR DISAPPROVAL:

INCOMPLETE APPLICATION ALL DOCUMENTATION WAS NOT SUBMITTED

OTHER _____

