



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

APPLICATION FORM - TERTIARY GRANT

Criteria for Application

Students must provide the following:

1. PWD Credit Union Member
2. Letter/Progress Report with a Grade Point Average of at least 3.00%
3. Two (2) Recent Passport size photographs
4. Two (2) References

Please note:

1. Applicants should complete their first year of study
2. Grants are only applicable to Jamaican Tertiary Institutions
3. Recipients should be Jamaican Citizen, domiciled in Jamaica during the last five (5) years
4. All applications must be properly completed

1. PERSONAL DATA

CHRISTIAN NAME: _____ SURNAME: _____

ADDRESS: _____

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

GENDER: MALE FEMALE

MARITAL STATUS: SINGLE MARRIED

HOME NO.: _____ CELL NO.: _____

EMAIL ADDRESS: _____

LENGTH OF MEMBERSHIP WITH C/U _____ ACCOUNT NO.: _____

2. EMPLOYMENT DATA

NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

OCCUPATION: _____ YEARS OF EMPLOYMENT: _____

EMAIL ADDRESS: _____ WORK NO. _____

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. ACADEMIC DATA

NAME OF INSTITUTION: _____

ADDRESS: _____

TELEPHONE NO.: _____

COURSE OF STUDY: _____ CAREER GOAL _____

STATUS: PART-TIME FULL-TIME

DATE OF COMMENCEMENT _____

EXPECTED DATE OF COMPLETION _____

4. FINANCIAL DATA (PROOF WILL BE NEEDED FOR VERIFICATION PURPOSES WHERE APPLICABLE)

HOW DO YOU PRESENTLY FINANCE YOUR STUDIES?

BURSARIES

SCHOLARSHIP/GRANT

STUDENT LOAN

PARENTAL SUPPORT

PERSONAL SAVINGS

OTHER, PLEASE SPECIFY _____

If parental support please to state:

Mother's Name _____ Account # _____

Address _____

Telephone Number(s) _____ Length of Membership with Credit Union _____

Father's Name _____ Account # _____

Address _____

Telephone Number(s) _____ Length of Membership with Credit Union _____

5. SUBSIDIARY INFORMATION – VOLUNTARY/COMMUNITY SERVICE

I hereby certify that the information provided is accurate.

Signature of Applicant: _____ 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 _____
