



**TRINIDAD AND TOBAGO POLICE CREDIT UNION
TERTIARY SCHOLARSHIP APPLICATION FORM 2019**

Section - A PERSONAL DATA

Member Account No.

1. Name (in block letter)

First Name	Middle Name	Surname
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2. Permanent Address

Mailing Address (if different from permanent address)

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3. Contact Information

Home Phone	Mobile Phone
Primary e-mail	Alternative e-mail

4. Gender

5. Date of Birth (dd/mm/yyyy)

Female <input type="checkbox"/>	Male <input type="checkbox"/>	/	/	
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5. Marital Status

Single <input type="checkbox"/>	Married <input type="checkbox"/>	Common-Law <input type="checkbox"/>	Legally Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>
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6. Employment Information

Profession/Occupation	Name of Employer	
Work Address (if applicable)		
Work Telephone No.	Work email	Fax No.

7. Official

Other

Board of Directors	<input type="checkbox"/>	Staff	<input type="checkbox"/>
Supervisory Committee	<input type="checkbox"/>	Member	<input type="checkbox"/>
Credit Committee	<input type="checkbox"/>	Sub-Committees	<input type="checkbox"/>
Education Committee	<input type="checkbox"/>		

8. Scholarship Applied for

General <input type="checkbox"/>	Differently Able Grant <input type="checkbox"/>
A 'Level Grant <input type="checkbox"/>	

9. Educational Background (where applicable) – Please attach supporting documents (where applicable)

Level	Name of Institution	Course/s Completed
Secondary <input type="checkbox"/>		
Vocational <input type="checkbox"/>		
Tertiary <input type="checkbox"/>		
Professional <input type="checkbox"/>		

Section - B PROPOSED PROGRAMME OF STUDY**10. Institution of Study**

Name of Institution	
Address	
Telephone Number:	Fax Number:
E-mail	
Name of Programme	Are you eligible for GATE Yes <input type="checkbox"/> No <input type="checkbox"/>
Status of Applicant	Currently Enrolled in Program <input type="checkbox"/> Awaiting Acceptance <input type="checkbox"/>

11. Duration of Programme

1 year <input type="checkbox"/>	2 years <input type="checkbox"/>	3 years <input type="checkbox"/>	4 years <input type="checkbox"/>	Other _____
Year(s) completed in course being pursued :				

12. Level of Programme

A' Level <input type="checkbox"/>	Certificate <input type="checkbox"/>	Diploma <input type="checkbox"/>	Bachelor's Degree <input type="checkbox"/>
Graduate Diploma <input type="checkbox"/>	Master's Degree <input type="checkbox"/>	Doctorate <input type="checkbox"/>	

Section - C FINANCIAL INFORMATION

13. Cost of the Programme

Cost of the programme (TT)	Total Cost \$	Total Cost with G.A.T.E. \$
Dollar Amount Applied For	\$	
Type of Scholarship/Grant	Full <input type="checkbox"/> Partial <input type="checkbox"/>	

14. Were you a recipient of a Scholarship from this organization?

Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes state year and amount
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15. Have you applied for a scholarship from any other organization?

Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Name of the organization and the year of receipt
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16. Are you currently in receipt of a Scholarship?

Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Name of the organization from which it was granted
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Section - D DECLARATION AND SIGNATURE

I hereby certify that the information that I have provided is accurate. I understand that any misrepresentation on my part will result in the rejection of my application by the Trinidad and Tobago Police Credit Union. In the event that a grant is awarded, the sum advanced shall become payable immediately.

Signature of Applicant

Date _____/_____/_____
Month Year

Two references. (Name and Telephone Contact where applicable)

NAME	TELEPHONE CONTACT
1.	
2.	

SUBMISSION RECEIPT:

This receipt must be presented when making queries into your application's status.

- Nature/Description of the Programme/Course Outline
- Total cost of the Programme inclusive of tuition, registration and other related fees
- Duration of the Programme
- Acceptance letter from institution
- Accreditation where necessary or requested
- Job letter (if employed)
- Copies of Educational Certificates
- Information regarding any other financial assistance from any other institution.
- Documentary evidence of success in exams

Must be a member for five (5) years in accordance with the Education Policy

BRANCH _____

Name of Person Receiving Form
(BLOCK LETTERS)

Name of Person Submitting form
(BLOCK LETTERS)

____/____/2019
Date Received

DEADLINE DATE FOR APPLICATIONS: AUGUST 9th 2019