



TRINIDAD AND TOBAGO POLICE CREDIT UNION TERTIARY SCHOLARSHIP APPLICATION FORM 2020

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

Section - A PERSONAL DATA

Member Account No.

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"/>	

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

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

Section - B PROPOSED PROGRAMME OF STUDY**14. 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 and Method of Programme

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

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. Payment Details – ACH Cheque

For Direct transfers to Personal accounts please indicate account number below and attach a copy of the bank statement

Bank Statement attached **Bank Account Number : ()**

Direct transfers to Educational institutions accounts, please attach an official document from the school indicating their banking information

Official Letter from school attached

*****Where payment has been made to the school by applicant, copies of receipts must be provided*****

15. 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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16. 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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17. 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.	

Section - E MEMBER DOCUMENT SUBMISSION CHECKLIST

- 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
- Copies of two (2) forms of national identification
- Payment information provided

DEADLINE DATE FOR APPLICATIONS: OCTOBER 9, 2020

FOR OFFICIAL USE ONLY

Section - F APPLICATION STATUS

Approved in the sum of \$ _____

Not Approved

Signatures of:

Convenor

Committee Member

Section - G DOCUMENT CHECKLIST

1. Copies of Educational Certificates (original to be inspected & Copies certified).

<input type="checkbox"/> Nature/Description of the Programme/Course Outline <input type="checkbox"/> Total cost of the Programme inclusive of tuition, registration and other related fees <input type="checkbox"/> Duration of the Programme <input type="checkbox"/> Acceptance letter from institution <input type="checkbox"/> Accreditation where necessary or requested <input type="checkbox"/> Job letter (if employed) <input type="checkbox"/> Copies of Educational Certificates <input type="checkbox"/> Information regarding any other financial assistance from any other institution. <input type="checkbox"/> Documentary evidence of success in exams <input type="checkbox"/> Copies of two (2) forms of national identification <input type="checkbox"/> Payment information provided	_____ Documents checked by (Block Letters) _____ (Signature) _____ Date _____
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