



SCHOLARSHIP APPLICATION FORM

Please check scholarship being applied for

Casper Roett Memorial Scholarship (Common Entrance Students)	<input type="checkbox"/>	Icilma Johnson Memorial Scholarship (CXC Students)	<input type="checkbox"/>	Lever Richards Scholarship (CAPE Students)	<input type="checkbox"/>
Barbados Community College Scholarships	<input type="checkbox"/>	Samuel Jackman Prescod Polytechnic Scholarship	<input type="checkbox"/>	Winfield Belle Memorial Scholarship (Students must apply via UWI Cave Hill Campus)	<input type="checkbox"/>

- The eligibility and selection criteria of these scholarships are available on the website <http://www.bwuccu.com/scholarships>
- You must complete all of the relevant information on this form.
- You will be assessed based on your academic results as well as your personal essay
- You MUST submit all of the required documentation.

HOW DID YOU HEAR ABOUT OUR SCHOLARSHIPS?:

- ☐ Parent/Guardian
- ☐ Mail
- ☐ Radio
- ☐ Website
- ☐ Other
- ☐ In the Credit Union
- ☐ Word of Mouth
- ☐ Facebook
- ☐ School
- Specify _____

APPLICANT DETAILS:

Sex ☐ Male ☐ Female

Member Account Number: <div><div></div><div></div><div></div><div></div><div></div></div>		
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Other: _____	Surname:	Given Name(s): Middle Name(s):
Applicant Address:		Date of Birth: / /
Permanent Home Address (if same as correspondence address, state 'as above'):		Email:
Telephone (pref):	Telephone:	Mobile: Applicant's Nationality:

PARENT/GUARDIAN DETAILS:

Member Account Number: <div><div></div><div></div><div></div><div></div><div></div></div>		
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Other: _____	Surname:	Given Name(s):
Address:		
Telephone (pref):	Telephone:	Email:
Telephone (work):	Mobile:	

Casper Roett Applicants:

Secondary School Allocation : _____	
Maths Score: _____	English Score: _____ Composition Score: _____ Total Score: _____
Required Documents Attached? <input type="checkbox"/> Grade Slip <input type="checkbox"/> Essay	

TERTIARY SCHOLARSHIPS

Please check the appropriate box.

Icilma Johnson Memorial Scholarship (CXC) Applicants: ☐ Lever Richards Scholarship (C.A.P.E) Applicants: ☐

Secondary School _____				
Required Documents Attached? <input type="checkbox"/> Grade Slip <input type="checkbox"/> Essay				
#	SUBJECT	YEAR	GRADE	YEAR
1.				
2.				
3.				
4.				
5.				
6.				

#	SUBJECT	YEAR	GRADE	YEAR
1.				
2.				
3.				
4.				
5.				
6.				

Barbados Community College (BCC) Scholarship Applicants: ☐

Please check the appropriate box.

Samuel Jackman Prescod Polytechnic (SJPP) Scholarship Applicants: ☐

Programme Name & Type (Certificate//Diploma) : _____

Duration: _____

Start Date(dd/mm/yy): _____ / _____ / _____

Full Cost of Program: _____

Have you applied for or been awarded any other scholarship relevant to this course

☐ Yes

☐ No

Have you benefited from the Credit Union's Scholarship Program before?

☐ Yes

☐ No

If Yes Amount?: _____

Required Documents

☐ Grade Slip

Attached ☐

Pending ☐

☐ Essay

Attached ☐

Pending ☐

PRIVACY AND STUDENT DECLARATION

General privacy statement

The information collected on this form is used to assess your application for the selected scholarship. It is also used to create a record of applicants, to support statistical analysis and to inform you about any services or events of benefit to you. If you do not complete all the questions on this form, it may not be possible to process your application. Personal information may be collected from, or disclosed to, relevant bodies for the verification of your previous qualifications, and it may be disclosed to government agencies, as required by legislation. Due to privacy regulations, we are unable to disclose information to any other third parties such as friends, relatives and parents.

DECLARATION

I have read and understood the scholarship information provided by the BWU Co-operative Credit Union (BWUCCUL) on the [Scholarship Page www.bwuccu.com/scholarships.aspx](http://www.bwuccu.com/scholarships.aspx)

I warrant that the information on this form, or provided in support of my application, is correct and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application, including academic transcript/s, might invalidate my application and that the BWUCCUL may withdraw an award. I understand that should the information be shown to be false at any stage, the scholarship will be terminated immediately and I will be liable to re-pay the BWUCCUL the total sum of any payments already made.

Should the BWUCCUL determine that I have submitted a false document, I consent to the BWUCCUL disclosing the information to other relevant tertiary institutions.

I consent to any educational institution at which I have previously been a student and/or my current or any past institution, providing the BWUCCUL with information which that institution holds about me for the purpose of the BWUCCUL verifying my grades and/or qualifications. I agree to abide by the statutes, regulations and policies of BWUCCUL.

I have read and understood the above conditions and accept them fully.

Signature of applicant: _____

Date: ____ / ____ / ____

Signature of Parent/Guardian: _____

Date: ____ / ____ / ____

Signature of Credit Union Employee: _____

Date: ____ / ____ / ____

Application closing dates: refer to the website (same closing dates for all scholarships)

Send your completed applications to:

The Secretary
BWU Co-Operative Credit Union
Limited Cnr Fairchild & Nelson Streets
Bridgetown, St. Michael
Email: info@bwuccu.com

OFFICIAL USE ONLY

Member No: _____

☐ Accept _____

☐ Reject _____

Received By _____

Dated ____ / ____ / ____

BSSE Slip Received ☐

CXC/CAPE/BCC/SJPP Received ☐

Essay Received ☐

Join date of Member ____ / ____ / ____

A/c Balance _____

(May 31 - BSSE, August 31 - SJPP/BCC//CAPE//CXC)

Date Reviewed By Board ____ / ____ / ____

Board Secretary Signature _____