



**UNITED ENTERPRISE CREDIT UNION
SCHOLARSHIP APPLICATION**

Application Deadline:

(Attach copies of Certificates/Diplomas and/or Academic records from University or College Transcripts. Please also provide two (2) copies of your Birth Certificate along with one other valid form of identification)

PLEASE NOTE THE FOLLOWING:

1. Educational Scholarships are **ONLY** available for members; membership must exist for at least one year prior to the application.
2. Committee reserves the right not to allocate grants if financially constrained.
3. Good academic performance is **EXPECTED** for consideration; also, contribution to United Enterprise Credit Union through service is recommended.

SCHOLARSHIPS BEING OFFERED FOR EACH GENDER

MALE		FEMALE	
CHARLES ROCHESTER SCHOLARSHIP	<input type="checkbox"/>	JOYCELYN AUSTIN-ROBERTS SCHOLARSHIP	<input type="checkbox"/>
DRAYTON CARTER SCHOLARSHIP	<input type="checkbox"/>	BERNETTA HALL SCHOLARSHIP	<input type="checkbox"/>
LEON GREENIDGE SCHOLARSHIP	<input type="checkbox"/>	JOAN WAITHE SCHOLARSHIP	<input type="checkbox"/>

SCHOLARSHIP SUMMARY

****All recipients must be a member for at least two years prior to sitting respective exams.**

****Charles Rochester Scholarship** - One (1) scholarship in the amount of \$500.00 to a 10–11-year-old male who successfully completes the Barbados Secondary School Entrance Exam; Must have at least \$150.00 on account as at May 31st in the same year.

****Jocelyn Austin-Roberts Scholarship** – One (1) scholarship in the amount of \$500.00 to a 10-11-year-old female student who successfully completes the Barbados Secondary School Entrance Exam; Must have at least \$150.00 on account as at May 31st in the same year

****Drayton Carter Scholarship** – One (1) scholarship in the amount of \$500.00 each to a 15-18 year – old male student who successfully completes the Caribbean Examination Council (CXC) Exams; at least five (5) grade 1 or 2 passes at CXC in one sitting; must have at least \$200.00 on account as at July 31st.

****Bernetta Hall Scholarship** – One (1) scholarship in the amount of \$500.00 to a 15-18-year-old female student who successfully completes the Caribbean Examination Council (CXC) Exams; at least five (5) grade 1 or 2 passes at CXC in one sitting; must have at least \$200.00 on account as at July 31st.

Leon Greenidge Scholarship – One (1) time Scholarship in the amount of \$1,000.00 to a male student enrolled at the University of the West Indies Cave Hill Campus. Recipients can be enrolled in any discipline of their choice.

Joan Waithe Scholarship – One (1) time Scholarship in the amount of \$1,000.00 to a female student enrolled at the University of the West Indies Cave Hill Campus. Recipients can be enrolled in any discipline of their choice.

For further information, email Joan Waithe at joan_united@caribsurf.com

Please check one of the following:

New Scholarship applicant

Scholarship Renewal

Comment [U1]: WHEN APPLICABLE

SECTION A – PERSONAL DATA

LAST NAME Mr./Mrs./Miss		FIRST NAME		MIDDLE NAME	
DATE OF BIRTH (Y/M/D) 00/00/0000	PLACE OF BIRTH	MARITAL STATUS MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPERATED <input type="checkbox"/>		SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
PERMANENT ADDRESS IN BARBADOS		NO. OF CHILDREN: AGES:	TELEPHONE: (H) (C) (W) Email:		
		NO. OF DEPENDENTS: AGES:			
CURRENT EMPLOYER/SCHOOL		OCCUPATION (IF APPLICABLE)		YEARS IN	
ANNUAL INCOME IF ANY:		SALARY/WAGES:			
ARE YOU A MEMBER OF UNITED ENTERPRISE CREDIT UNION LIMITED? YES <input type="checkbox"/> NO <input type="checkbox"/> DATE OF JOINING:					
IS/ARE YOUR PARENT(S)/GUARDIAN(S) A MEMBER(S) OF UNITED ENTERPRISE CREDIT UNION LIMITED? YES <input type="checkbox"/> NO <input type="checkbox"/> DATE OF JOINING:					
HAVE YOU (THE STUDENT), OR YOUR PARENT(S)/GUARDIANS(S) EVER VOLUNTEERED ON A COMMITTEE OR IN ANY ROLE FOR UNITED ENTERPRISE CREDIT UNION? (PLEASE STATE YEAR AND ROLE/POSITION)					
NAME, ADDRESS AND CONTACT INFORMATION OF PARENT(S)/GUARDIAN(S)					
1. _____		2. _____			
(A) ADDRESS		ADDRESS			
_____		_____			
_____		_____			
(B) TELEPHONE		TELEPHONE			
(H) _____		(H) _____			
(C) _____		(C) _____			
(W) _____		(W) _____			
EMAIL		EMAIL			
_____		_____			
OCCUPATION(S) OF PARENT(S)/GUARDIAN(S)					
(C) EMPLOYER		EMPLOYER			
_____		_____			
_____		_____			
(D) OCCUPATION		OCCUPATION			
_____		_____			
(E) SALARY/WAGES		SALARY/WAGES			
_____		_____			
NO. OF DEPENDANTS OF PARENT/GUARDIANS					
(1) (F) _____		(2) (F) _____			

B - EDUCATIONAL INFORMATION

INSTITUTIONS WHERE YOU RECEIVED YOUR ACADEMIC EDUCATION			
INSTITUTION	COUNTRY	DATES	
		FROM	TO
QUALIFICATIONS			
ACADEMIC COURSE/SUBJECT	BODY	YEAR RECEIVED	
ARE YOU RECEIVING OTHER FINANCIAL ASSISTANCE? IF SO, PLEASE GIVE DETAILS (I.E. STUDENT LOAN, GOVERNMENT EXHIBITION OR SCHOLARSHIP)			
NAME/TYPE OF SCHOLARSHIP/ LOAN/ EXHIBITION	BODY OF FINANCIAL AID	LENGTH OF AWARD	
		FROM	UNTIL

C – INTENDED STUDY

NAME AND ADDRESS OF SCHOOL APPLIED TO:		
PROGRAMME BEING STUDIED:		STUDY COMMENCEMENT: 00/00/201
LENGTH OF STUDY: FROM: TO:	TOTAL COST OF PROGRAMME: \$BDS	
<p>NOTE: FINANCIAL ASSISTANCE WILL NOT BE GRANTED FOR THE SITTING OF SUPPLEMENTAL OR SUMMER EXAMS, RE-SITTING OF FAILED EXAMS OR AS REFUNDS FOR EXPENSES ALREADY INCURRED.</p>		

D – OTHER RELEVANT INFORMATION

IF YOU ARE REAPPLYING FOR A SCHOLARSHIP, NOTE HOW YOU VOLUNTEERED IN THE PAST YEAR TO ASSIST THE CREDIT UNION, AND HOW FREQUENT. ALSO, NOTE ANY CREDIT UNION COURSES (IF APPLICABLE)

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WHY DO YOU BELIEVE YOU SHOULD RECEIVE THIS GRANT? IN ADDITION, INDICATE THE ATTRIBUTES YOU ADMIRE OF THE INDIVIDUAL THE SCHOLARSHIP'S NAME IS IN(150 WORDS).

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INCLUDE ANY OTHER INFORMATION YOU WISH TO SUBMIT IN EVIDENCE OF FINANCIAL NEED (LOANS, MORTGAGES ETC)

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I acknowledge that the information contained herein is true to the best of my knowledge. I authorize United Enterprise Credit Union to obtain or verify any information that may be necessary in consideration of this request. It is accepted that any misstatement or omission

on this form may invalidate this application or result in a withdrawal of any offer of assistance previously made based on this application.

Signature of Applicant: _____ **Date:** _____