



# TRINIDAD AND TOBAGO POLICE CREDIT UNION TERTIARY SCHOLARSHIP APPLICATION FORM 2025

*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"/>
<b>Status of Applicant</b>	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 advanced sum 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 ONLINE 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: AUGUST 18, 2025**

**FOR OFFICAL 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).

<ul style="list-style-type: none"> <li><input type="checkbox"/> Nature/Description of the Programme/Course Outline</li> <li><input type="checkbox"/> Total cost of the Programme inclusive of tuition, registration and other related fees</li> <li><input type="checkbox"/> Duration of the Programme</li> <li><input type="checkbox"/> Acceptance letter from institution</li> <li><input type="checkbox"/> Accreditation where necessary or requested</li> <li><input type="checkbox"/> Job letter (if employed)</li> <li><input type="checkbox"/> Copies of Educational Certificates</li> <li><input type="checkbox"/> Information regarding any other financial assistance from any other institution.</li> <li><input type="checkbox"/> Documentary evidence of success in exams</li> <li><input type="checkbox"/> Copies of two (2) forms of national identification</li> <li><input type="checkbox"/> Payment information provided</li> </ul>	<p>_____ Documents checked by (Block Letters)</p> <p>_____ (Signature)</p> <p>Date</p> <p>_____</p>
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