	KCCI	J ACC	COUN	JT NU	JMBI	ΞR		

(Attach copies of Certificates/Diplomas and/or Academic records from University or College Transcripts, CSEC/CAPE/CAMBRIDGE Certificates)

A. PERSONAL DATA

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SURNAME:	Date of Birth	YEAR	MONTH	DAY
Mr./Mrs./Miss:				
CHRISTIAN NAME (S):	Sex: MA	LE	FEM	ALE
PERMANENT ADDRESS IN St. Vincent	Place of birth:			
	Citizenship:			
ADDRESS FOR CORRESPONDENCE (if not as above)	MARITAL STATUS	:	Single	
	Married		Widowed	
	Separated		Divorced	
	NO. OF CHILDREN	:		
	AGES:			
TELEPHONE NO (S) Home:				
Work:				
Mobile:	NO. OF DEPENDAN AGES:	VTS:		
Email:				
OCCUPATION	NAME OF EMPLOY	ÆR / SCHC	OOL	
ANNUAL INCOME (if any)				
ARE YOU A MEMBER OF THE KINGSTOWN C	O-OPERATIVE CREDIT UNION LI	MITED?		
YES / NO	DATE OF JOINING	i:		

INSTITUTION	COUNTRY	DAT	DATES		
		EDOM	ТО		
		FROM	10		
+					
QUALIFICATIONS EARNED (State the Leve	el):				
ACADEMIC / PROFESSIONAL	BODY	DATE	DATE EARNE		
TICTIDEMILE / TROTEGOTOTALE		RECEIVED			
ACADEMIC / PROFESSIONAL	BODY	DATE RECEIVED	DATE EARNE		
CTUDY DROCD AMME		•			
STUDY PROGRAMME AME AND ADDRESS OF INSTITUTION AT	WHICH REGISTERED:				
JALIFICATION SOUGHT:	Date of Commencement of Studies				
OPOSED PERIOD OF STUDY:					
om: To:					
OTAL COST OF YOUR STUDY PROGRAMM	ME: \$XCD				

D. OTHER RELEVANT INFORMATION:
Why should you be selected for this bursary?
Give brief details of the contribution you anticipate to make to National Development/Credit Unionism
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E. R	EFERENCES
1	SURNAME
	CHRISTIAN NAME(S):
	ADDRESS:
	CONTACT NO:
	PROFESSION:
2	SURNAME
	CHRISTIAN NAME(S):
	ADDRESS:
	CONTACT NO:
	PROFESSION:
Г	CICNATI DE
F.	. SIGNATURE
I h	ereby declare that the information given in this application is true and correct
	Signature
	Date