TRANSCORP CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

HIGHER EDUCATION GRANT APPLICATION FORM

PLEASE WRITE LEGIBLY AND IN BLOCK LETTERS

SECTION A: APPLICANT'S PERSONAL DATA

1. TITLE: MR. MRS. MS.
2. SURNAME:……
3. FIRST NAME:……
4. MIDDLE NAME(S):……..
5. DATE OF BIRTH: (day/month/year)
6. GENDER: ☐MALE ☐FEMALE
7. ADDRESS:……
   ……
   ……
8. MAILING ADDRESS (If different from 7.):
   ……
   ……
   ……..
9. TELEPHONE CONTACT: (H)……. (W)……. (C)……
10. MARITAL STATUS: SINGLE☐ MARRIED ☐ SEPARATED☐ DIVORCE☐
    WIDOWED☐ COHABILITATING ☐

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11. WHICH TYPE OF COURSE DO YOU WISH TO PURSUE?

- ☐ UNDER-GRADUATE
- ☐ POST-GRADUATE DIPLOMA
- ☐ MASTER'S DEGREE (MSc, MBA, MPhil)
- ☐ DOCTORATE (PhD)

12. CATEGORY OF APPLICANT:

- ☐ Candidate dependant on parents/legal guardian
- ☐ Candidate dependant on spouse
- ☐ Independent Mature Candidate

13. TICK WHICH CATEGORY BEST DESCRIBES YOU?

- ☐ EMPLOYED (F/T)
- ☐ EMPLOYED (P/T)
- ☐ UNEMPLOYED
- ☐ SELF-EMPLOYED
- ☐ STUDENT OTHER (Please specify):

- ☐ LIVING WITH PARENT(S)/LEGAL GUARDIAN
- ☐ LIVING WITH SPOUSE/PARTNER
- ☐ LIVING ALONE

SECTION B: APPLICANT'S EMPLOYMENT AND ACADEMIC HISTORY

14. EMPLOYMENT HISTORY

NAME OF EMPLOYER	OCCUPATION	PERIOD OF EMPLOYMENT

15. ACADEMIC HISTORY

NAME OF INSTITUTION	PERIOD OF ATTENDANCE	SUBJECT/GRADES

16. HAVE YOU EVER APPLIED FOR A STUDENT GRANT AT ANY OTHER INSTITUTION?

◯ YES ◯ NO

IF YES, PLEASE SPECIFY (NAME OF INSTITUTION, DATE, IF SUCCESSFUL/UNSUCCESSFUL)

17. DO YOU HOLD OR HAVE YOU EVER HELD A STUDENT GRANT? ◯ YES ◯ NO

IF YES, PLEASE SEPCIFY (NAME OF INSTITUTION, DATE, LENGTH OF TIME)

SECTION C: PERSONAL DETAILS OF APPLICANT'S PARENT(S), LEGAL GUARDIAN, DEPENDANTS, SPOUSE OR PARTNER

18. MOTHER'S FULL NAME:……

ADDRESS:……..

CONTACT NUMBERS: (H)…… (W)…… (C)…….

OCCUPATION (If applicable):……..

19. FATHER'S FULL NAME:……

ADDRESS:……

CONTACT NUMBERS: (H)…… (W)…… (C)……

OCCUPATION (If applicable):…….

20. FULL NAME OF SPOUSE/PARTNER:……

ADDRESS:……

CONTACT NUMBERS: (H)…… (W)……. (C)……..

OCCUPATION (If applicable):……..

21. DEPENDANT(S) IF ANY

NAME OF CHILD	AGE	SCHOOL

(Please note that Dependants are person in the applicant's household who are: a. sixteen (16) years and under; b. over sixteen (16) years and in full-time education or; c. medically certified as unfit for work)

SECTION D: APPLICANT'S INCOME AND EXPENDITURE

22. Are you presently in receipt of any government assistance grants or insurance payments?

◯ YES ◯ NO

If yes, please specify and give amount:

23. DO YOU RECEIVE INCOME FROM ANY OTHER SOURCES (RENTAL OF PROPERTY,SELF-SUSTAINED BUSINESS, INCOME FROM INVESTMENTS, LUMPSIM PAYMENTS FROM A SETTLEMENT, GIFTS OF INHERITANCE)

    ◯ YES ◯ NO

    If yes, please specify and give amount:

24. PLEASE LIST PRESENT EXPENDITURE IN THE FOLLOWING CATEGORIES (TO THE CLOSEST APPROXIMATE VALUE):

    FOOD:

    UTILITIES:

    RENT:

    CLOTHING:

    PERSONAL ITEMS:

    OTHER (PLEASE SPECIFY):

25. IN ESSAY FORMAT, PLEASE GIVE VALID REASONS WHY YOU SHOULD BE CONSIDERED FOR THE HIGHER LEVEL EDUCATION GRANT:

    ……
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    …….

26. ANY ADDITIONAL INFORMATION:

……
……
……..

DECLARATION

I DO DECLARE THAT THE AFOREMENTIONED INFORMATION, ALONG WITH SUPPORTING DOCUMENTS, IS TRUE AND CORRECT.

I UNDERSTAND THAT THE CONTACT INFORMATION GIVEN WOULD BE USED SOLEY TO MAKE FURTHER CONTACT WITH ME REGARDING THE STATUS OF MY APPLICATION

I ACKNOWLEDGE THAT IF ANY GIVEN INFORMATION IS PROVEN TO BE INCORRECT OR UNTRUE, MY APPLICATION WOULD BE REJECTED.

FULL NAME OF APPLICANT:……..

SIGNATURE OF APPLICANT:…….

DATE OF APPLICATION:…….

FOR OFFICIAL USE ONLY

SHAREHOLDER'S ACCOUNT NUMBER:……

AMOUNT IN SHARES:……

AMOUNT IN DEPOSITS:……

OUTSTANDING LOANS (IF ANY):…….

LOAN REPAYMENT STATUS: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Very Poor

☐ RECOMMENDED ☐ NOT RECOMMENDED