

P.O. Box 5455, Factory Road, Ste. Madeleine, Trinidad, W.I
 Phone: (868) 698-2737, (868) 225-4400, Fax: (868) 698-0166
 Email: cepep.info@cepep.gov.tt; Website: www.cepep.gov.tt

APPLICATION FOR BURSARY

Section 1:

Student Information:

Name of Student	First Name		Surname	
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Date of Birth (dd/mm/yyyy)				
Home Address				
Name of School				
Class/Form				
Email (where applicable)				

Primary Caregiver Information

Primary caregiver information is a parent or legal guardian of the child. Information should be entered for both parents/guardians if they live in the same household where applicable.

Primary Caregiver #1

Name	First Name		Surname	
Relationship to student				
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Date of Birth (dd/mm/yyyy)				
Status	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>
			Divorced/Separated	<input type="checkbox"/>
			Common-Law	<input type="checkbox"/>
Home Address (attach recent utility bill as proof of address)				
National Identification (At least ONE)	National Identification Number		Driver's Permit Number	Passport Number
Contact Information	Phone (Home)		Phone (Mobile)	Email Address

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Primary Caregiver #2

Name	First Name		Surname	
Relationship to student				
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Date of Birth (dd/mm/yyyy)				
Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced/Separated <input type="checkbox"/>	Common-Law <input type="checkbox"/>
Home Address (attach recent utility bill as proof of address)				
National Identification (At least ONE)	National Identification Number		Driver's Permit Number	Passport Number
Contact Information	Phone (Home)	Phone (Mobile)	Email Address	

Section 2:

CAREGIVER FINANCIAL INFORMATION:

For self-employed persons, an average of their monthly income over the last 6 months should be given.

Caregiver #1					
Employment Status					
Employed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Self-Employed <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Part-time <input type="checkbox"/>	Permanent <input type="checkbox"/>	Contract <input type="checkbox"/>	Other, please state:	
Occupation					
Name of Employer (CEPEP Contractor)					
Address of Employer					
Monthly Income	Salary \$	Government Assistance: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Caregiver #2					
Employed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Self-Employed <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Part-time <input type="checkbox"/>	Permanent <input type="checkbox"/>	Contract <input type="checkbox"/>	Other, please state:	
Occupation					

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Name of Employer (CEPEP Contractor)		
Address of Employer		
Monthly Income	Salary: \$	Government Assistance: Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 3:

Other Children Information:

Number of dependents aged 3-18 of the primary caregivers				
Name of Child	Age	Relationship to Applicant	School Level (ECCE, Primary, Secondary)	Name of School

Section 4:

Income:

Per Annum/Month	Mother	Father
Total GROSS earning of parents		
Benefits Income		
Pension Income		
Maintenance Income		
Other Income		
Savings (if Applicable)		
Other Assets (if Applicable)		

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Section 5:

Per Annum/ Month	Mother	Father
Mortgage Payment		
Rent Payment		
Utility Bills and other commitments		
Loans		

DECLARATION

I _____ hereby certify that all the information given in this form is TRUE AND CORRECT.

NAME

SIGNATURE

DATE

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Notes:

1. Submit pay slips, utility bills, rent receipts, loan documents and all other documentary evidence to support information submitted.
2. Submit 2 signed recommendation letter to support your application. One must be from your employer. The other recommender must not be an immediate relative of the applicant. The recommender must be included in one of the following categories:
 - Minister of Religion registered under the law to perform marriages.
 - Managing Director of a registered Company
 - Member of Parliament, Mayor, Borough or Local Government Councillor
 - Notary Public, Justice of the Peace or Commissioner of Affidavits
 - Senior Public Services (range 30 and above)
 - Police Officer (Corporal and above rank). Include regimental number
 - Fire Sub-Officer and above rank. Include regimental number
 - Prison Officer II and above rank. Include regimental number
 - Member of the Defense Force (Corporal/Leading Seaman and above rank)
 - School Principal, Vice-Principal, Lecturer, Graduate Teacher (Teacher I and above rank)
3. These letters/recommendations should verify that the applicant/s is/are employed by a CEPEP contractor and/or self-employed.
4. Applications should also include essay from student outlining why they should be awarded the bursary (300 words in length).