| Application for Grant | | | | | | | |
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| *bARBADOS ASSOCIATION OF MUSLIM LADIES’ STUDENT GRANT APPLICATION FORM* | | | | | | | |
|  | | | | | | | |
| NAME OF APPLICANT : | | | | | | | |
| Address of Applicant : | | | | | | | |
| Date of birth: | | | Phone: | | | | Cell: |
| Email: | | | | | | | |
| PARENTS’ NAME | Father: | | | | Mother: | | |
| Parents’ Address |  | | | | | | |
| Parents’ Contact # |  | | | | | | |
|  | | | | | | | |
| EDUCATION | | | | | | | |
| NAME OF SCHOOL | | YEAR | | | | Qualifications | |
|  | |  | | | |  | |
|  | |  | | | |  | |
| EXTRA CURRICULAR ACTIVITIES | | | | | | | |
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| REQUEST FOR GRANT | | | | | | | |
| Amount Requested: | | | | | | | |
| Will you be able to re-pay the amount requested?  Yes  No  Portion (please state) | | | | | | | |
| Purpose of funds requested: | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Signature of Applicant: | | | | Date of Application: | | | |
| *I certify that the above information submitted is true and correct* | | | | | | | |

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| documents to be submitted with application |
| 1. One passport sized photo 2. A letter of acceptance of documents showing the on-going course of study at a tertiary institution 3. Copies of certificates |

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| *for official use* | |
| DATE APPLICATION RECEIVED : | |
| SIGNATURE OF RECEPIENT: | |
| Application Approved | Application Not Approved |
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