



MICRO-EDUCATIONAL GRANT Application Form

Approved Charity Registration #CA100-182C

Call us: +1 (876) 282-6591

Email us at cumimontegobay@gmail.com

Website: cumimobay.org

*Lets's make a difference and build healthy communities
- one small grant at a time!*

For Continuing Education Support

Submission Deadline: _____

Submit completed forms to: **cumimontegobay@gmail.com**

SECTION 1: PERSONAL INFORMATION

Full Name:

Date of Birth: Gender:

Phone #: Email:

Current Address

Employment Status: Occupation:

Monthly Income:

SECTION 2: EDUCATIONAL GOALS

Institution or Training Provider:

Course/Program Name:

Type of Program:

Start Date: Expected Completion Date:

Mode of Study: Study Load:

SECTION 3: GRANT REQUEST

Total Cost of Program: (JMD) \$ Amount Requested: \$

GRANT WILL BE USED FOR: ☐ Tuition/Registration Fees ☐ Course Materials or Books

☐ Internet/Data Access ☐ Transportation

☐ Exam Fees ☐ Other _____

SECTION 4: PERSONAL STATEMENT

Briefly explain your educational goals and financial need (200-300 words):

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SECTION 5: SUPPORTING DOCUMENTS

- Proof of Enrollment
- Course Brochure
- Resume or Work History (optional)
- Proof of Income
- National ID

SECTION 6: BOND OBLIGATION

The Applicant hereby warrants, undertakes and agrees to remain resident in and provide services exclusively in Western Jamaica for a minimum of 3 years from the date of receipt of funds from CUMI . In the event that the Applicant does not comply they agree to forthwith return all funds received from CUMI.

SECTION 7: DECLARATION

I declare that the information provided is true and complete.

Name:

Date:

Signature:
