CUMI FOUNDATION

Approved Charity Registration #CA100-182C

MICRO-EDUCATIONAL GRANT Application Form

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

Apply Now!

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):

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: