



“Empowering our members
to attain Financial Independence”

CARIBBEAN ADVANCED PROFICIENCY EXAMINATION BURSARY APPLICATION FORM
(PLEASE COMPLETE IN BLOCK LETTERS)

Student's Name: _____

Member Account Number: _____ ID/DP/PP _____

Address: _____

Date of Birth: ____/____/____ Gender: Male Female

Email Address: _____ Phone No.: _____

Parent's / Guardian's Name: _____

Telephone Numbers: _____ (Home) _____ (Cell)

**PLEASE ATTACH A COPY OF:
C.A.P.E. CERTIFICATE, PROOF OF CONTINUING STUDIES
AND BIRTH CERTIFICATE**

FOR OFFICIAL USE ONLY

Documents submitted:

-Birth Certificate - Proof of continuing studies
-C.A.P.E. Certificate
-Identification Card

Date Joined CEMCU: ____/____/____

Form received and checked by: _____ Date: _____

Bursary: Yes No