



# MONA ADMINISTRATIVE AND TECHNICAL STAFF ASSOCIATION

## BOOK GRANT APPLICATION FORM (For Members and Dependents only)

**NOTE:**

1. All applicable sections **MUST** be properly completed
2. Incomplete forms will **NOT** be processed

### SECTION A - TO BE COMPLETED BY THE MEMBER

Full Name \_\_\_\_\_  
 Surname \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

Department \_\_\_\_\_ Job Title \_\_\_\_\_

Years of Service with UWI \_\_\_\_\_ How long have you been a member of MONATS? \_\_\_\_\_

State Service given to MONATS (if any) \_\_\_\_\_ Have you received Grant before? \_\_\_\_\_  
 If yes, state year \_\_\_\_\_

.....

### SECTION B - TO BE COMPLETED IF APPLYING FOR MEMBER

Name of Institution being Attended \_\_\_\_\_

Enrolment Status (i.e. 1<sup>st</sup> 2<sup>nd</sup> year etc.) \_\_\_\_\_

Faculty/Department (if on Campus) \_\_\_\_\_ Head of Dept. \_\_\_\_\_

.....

### SECTION C - TO BE COMPLETED IF APPLYING FOR DEPENDENT(S)

<u>Name of Dependent(s)</u>	<u>Relationship to Member</u>
1. _____	_____
2. _____	_____
3. _____	_____

Name(s) of High School/College: \_\_\_\_\_ Grade/Form/Year \_\_\_\_\_

Amount Paid for Tuition and Other Fees \_\_\_\_\_ Amount paid for Books and other Supplies \_\_\_\_\_

Is your dependent on Scholarship YES [ ] NO [ ] If Yes, please state name \_\_\_\_\_

Please supply some proof of dependent's attendance at High School/College – e.g. payment vouchers etc.)

.....

I declare that the information given on this form, is to the best of my knowledge true and correct

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

(Additional information may be provided along with this form if the applicant so wishes)

.....

#### COMPLETED FORMS MUST BE RETURNED TO YOUR DEPARTMENTAL REPRESENTATIVE

Name of Representative \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### FOR OFFICIAL USE ONLY

Approved

Deferred

Not Approved

Signed off by: \_\_\_\_\_