

Grant Application Form

P.O.Box 306 Bridgetown Jemmotts Lane St. Michael Barbados W.I.

Personal Information

Please provide photo of applicant

Date:

Surname:	First Name:	Middle Name:	Alias: (Nick Name)	Male [] Female []	
Maiden Name:	Mother's Name:		(I view I value)	Marital Status: M[]S[]D[]W[]	
		No. of Children/I	Dependents?		
Date of Birth:		Country of Birth:			
Are you eligible to work in Barbados?		Nat'l. Ins. No.: Barbados Nat'l. I.D. No.			
Permanent Address:		Res. Tel.: Cell #: Email: Website:	Other Tel.:		
Other Contact Address	::				
Have you obtained a grant before from: 1/ BYBT 2/ Elsewhere		If yes, provide de	etails:		

Secondary Education

School(s) attended	Years attended		Academic achievement - attach copies of School Certificates.
	From	То	State other interests - sports, drama, community involvement etc.

Post Secondary Education/Training

College/Institution	Years attended From To	Specialization - attach copies of Certificates/Diplomas		
What activity will this grant be used to ass	ist with? Educa	tion [] Exhibition/Tradeshow [] Marketing Study []		
Name of Institution:				
Location of Institution:				
State how undertaking this activity will help your business?				
NOTE: If grant is approved, applicant must submit a report on completion of the course, addressing areas such as lessons learnt, implications for the business – improvements or otherwise. All receipts of expenditure must be submitted with the report.				

Barbados Youth Business Trust

How will this grant be utilized? Be specific *e.g. assist with travel costs*...

What are the total costs involved in this activity – *e.g. travel* \$800.00...*accommodation* \$500.00

Mentor Information

Surname: Address:	First name and initials:
Employed or self employed? Business Address:	Position: Business Telephone: Home Telephone:
How long have you known your mentor? Please attach a resume of your Mentor	Relationship to your Mentor:

Business Information:

Name of Business:	Business Telephone:	
	-	
Address of Business:		
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Type of Ownership: (Attach details)	Sole Proprietorship: []	Year Business Started:
Type of Ownership. (Attach details)	· · · · ·	Tear Dusiness Starteu.
	Partnership: []	
	Corporation: []	
	Franchise: []	
Name of Owners/Partners:		Duties:
Traine of Owners/1 articles.	Involuement, Full Time []	Duties.
	Involvement: Full Time []	
	Part Time []	
Where did you receive your initial financing?		
Business Bank Account No.:		
Business Bank Account No.:		
		Loan amount requested:
Name & Address of Bank:		
Financial information/statements for the last two years of	operation must be submitted.	

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Personal Financial Information

Name and Branch addres Details of Liabilities	ss of your bank				
Individual/Institution	Amount of Original	Current Loan	Monthly	Loan Due Date	Purpose of Loan
holding debt	Loan	Balance	Payments		
	Total Loans Owing:				
		L	<u>_</u>		

Personal Financial Statement as at:

2007

	Assets		Liabilities
Cash & Bank Bals.:		Total loans (from above)	
CSV Life Ins.			
		Credit cards	
Real Estate:		Other debts	
Vehicles:			
Furnishing/Fixtures:			
Other			
TOTAL ASSETS		TOTAL LIABILITIES	
Net Worth = Total Assets - Total Liabilities	\$	-	

References: Name two people who are not relatives and have known you for at least 2 years.

Surname:	First Names:
Relationship:	Occupation:
Address:	
Res. Telephone:	Bus. Telephone:
Surname:	First Names:
Relationship:	Occupation:
Address:	
Res. Telephone:	Bus. Telephone:

I certify that all of the information provided is complete and accurate to the best of my knowledge. I have disclosed all of the pertinent financial information and I authorize BYBT to conduct the necessary credit investigation and contact the respective financial institutions.

Signature of Applicant

Date

GRANT REQUIREMENTS

- 1. Attach one (1) passport sized photograph to Grant Application form.
- 2. Two written references:

Minister of Religion Certified Headmaster / Teacher

- 3. A descriptive letter explaining:
 - a. Products / services offered by your business;
 - b. Reasons for approaching the Trust;
 - c. The impact the Grant will have on your business.
- 4. Please ensure that all lease agreements for rental of office spaces, shop or stall etc. are included when handing in your completed documents to the Trust.
- 5. Please attach a copy of your business Registration Certificate / Incorporation Certificate if the business has been registered / incorporated already.