



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 <input type="checkbox"/> Female <input type="checkbox"/>
Maiden Name:	Mother's Name:			Marital Status: M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/>
		No. of Children/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.:	Other Tel.:	
		Cell #:	Email:	
		Website:		
Other Contact Address:				
Have you obtained a grant before from: 1/ BYBT 2/ Elsewhere		If yes, provide details:		

Secondary Education

School(s) attended	Years attended From To	Academic achievement - attach copies of School Certificates. 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 assist with? Education <input type="checkbox"/> Exhibition/Tradeshow <input type="checkbox"/> Marketing Study <input type="checkbox"/>		
Name of Institution:		
Location of Institution:		
State how undertaking this activity will help your business?		
<p><i>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.</i></p>		

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:		
Type of Ownership: (Attach details)	Sole Proprietorship: [] Partnership: [] Corporation: [] Franchise: []	Year Business Started:
Name of Owners/Partners:	Involvement: Full Time [] Part Time []	Duties:
Where did you receive your initial financing?		
Business Bank Account No.:		Loan amount requested:
Name & Address of Bank:		

Financial information/statements for the last two years of operation must be submitted.

GRANT REQUIREMENTS

1. Attach one (1) passport sized photograph to Grant Application form.
2. Two written references:
 1. *Minister of Religion*
 2. *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.