

AGRICOLA CREDIT UNION CO-OPERATIVE SOCIETY LIMITED
SECONDARY ENTRANCE ASSESSMENT AWARDS

APPLICATION FORM

1. MEMBER'S NAME:
2. MEMBER'S ACCOUNT NO.:
3. ADDRESS:
4. EMPLOYER'S NAME:
MINISTRY/DEPARTMENT:
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5. TELEPHONE CONTACT: HOME: OFFICE:
6. IDENTIFICATION NO: DRIVER'S PERMIT:
PASSPORT NO:
7. **CHILD:**
 - (a) NAME:
 - (b) ADDRESS:
 - (c) SCHOOL:
 - (d) DATE OF BIRTH:
 - (e) S.E.A. No:
 - (f) MOTHER'S NAME:
 - (g) FATHER'S NAME:
 - (h) **EXPLANATION:**
 - (1) If surname of child differs from that of father or mother, please explain:
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 - (2) If surname of member differs from that of child, please explain:
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8. State briefly if appropriate, your circumstances on which award on the **basis of need** may be considered (only for members applying on the basis of need).

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9. Please enclose:

- (1) Copy of Birth Certificate of child.
- (2) Copy of Birth Certificate and Affidavit.
- (3) Where relevant copy of Birth Certificate and Deed Poll.
- (4) Where relevant copy of Birth Certificate and Adoption Order.

CONDITIONS:-

- 1. Member must be in good standing and a regular saver.
- 2. Membership (parent) in the Credit Union, shall not be less than one (1) year with shareholding not less than two thousand, five hundred (\$2,500.00) dollars.
- 3. Child must be a member of the Credit Union
- 4. Award is applicable based on parents continued membership in the Credit Union

CERTIFICATION

- 1. I hereby certify that the information submitted by me on this application form is true based on merit and need.
- 2. I agree to abide with the Policy of the Credit Union that my child will be ineligible for a grant from the Society once a S.E.A. Grant is received from another Credit Union or similar organization.

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Signature

Dated this day of2021

OFFICIAL USE

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