

## 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:		
5.	TELEPHONE CONTACT: HOME: OFFICE:		
6.	EMAIL ADDRESS:		
7.	IDENTIFICATION NO: DRIVER'S PERMIT:		
	PASSPORT NO:		
8.	<u>CHILD</u> :		
	(a) NAME:		
	(b) ADDRESS:		
	(c) SCHOOL:		
	(d) DATE OF BIRTH: GENDER Male		
	(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:			

(2) If surname of member differs from that of child, please explain:

9. State briefly if appropriate, your circumstances on which award on the <b>basis of need</b> n considered (only for members applying on the basis of need).			
9.			
<u>C(</u>	ONDITIONS:-		
<ol> <li>Member must be in good standing and a regular saver.</li> <li>Membership (parent) in the Credit Union, shall not be less than one (1) year with</li> </ol>			
	shareholding not less than two thousar	•	
	3. Child must be a member of the Credit		
	4. Award is applicable based on parents of	continued membership in the Credit Union	
<b>C</b> I			
	ERTIFICATION  I	housely contify that the	
1.	1. I hereby certify that the information submitted by me on this application form is true based on merit and need.		
<ol> <li>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.</li> </ol>			
		Signature	
_		<u> </u>	
Da	ted this day of	202	
	Submission of an application doe	es not guarantee selection for an award	
	FOR OF	FFICIAL USE	
Re	ceived by :	DATE:	
Me	ember Status	Share balance criteria met : Yes □ No □	
Bu	rsary approved Yes \( \square\) No \( \square\)	Amount:	
	proved by :		
	mments:		