



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. **CHILD:**
 - (a) NAME: _____
 - (b) ADDRESS: _____
 - (c) SCHOOL: _____
 - (d) DATE OF BIRTH: _____ GENDER Male Female
 - (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 **basis of need** may be considered (only for members applying on the basis of need).

10. 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.

ELIGIBILITY:-

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.**

INELIGIBILITY

1. **If you are a recipient of another award (e.g. Government Scholarship or Credit Union Grant), you are not eligible for another Bursary.**
2. **If you are expected to repeat the S.E.A. examinations in 2024, you are not eligible to apply.**

DECLARATION

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 an S.E.A. Grant is received from another Credit Union or similar organization.
3. I agree and give consent for my child to become a member of the Youth Ambassadors – the Youth Arm of Agricola Credit Union Co-operative Society Limited.
4. I agree that if my child becomes a holder of a Continuing Award and does not maintain an academic standard (B average), I would not be eligible to receive further disbursements.

Signature

Dated this _____ day of _____ 2023

Submission of an application does not guarantee selection for an award

FOR OFFICIAL USE

Received by : _____ DATE: _____

Member Status _____ Share balance criteria met : Yes No

Bursary approved Yes No Amount: _____

Approved by : _____ Date _____

Comments: _____
