



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 2026, 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 _____ 2025

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: _____