



**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:

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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).

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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 2025, 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 \_\_\_\_\_ 2024

*Submission of an application does not guarantee selection for an award*

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**FOR OFFICIAL USE**

Received by : \_\_\_\_\_ DATE: \_\_\_\_\_

Member Status \_\_\_\_\_ Share balance criteria met : Yes  No

Bursary approved Yes  No  Amount: \_\_\_\_\_

Approved by : \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

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