

**U.W.I. Credit Union Co-operative Society Ltd.**  
**SECONDARY EDUCATION ASSESSMENT BOOK GRANT**  
**APPLICATION FORM**

Applicant's Name \_\_\_\_\_

C.U Account Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

School (at date of Examinations) \_\_\_\_\_

SEA Number \_\_\_\_\_

School to attend \_\_\_\_\_

Will applicant be accepting school placement Yes  No

Talent \_\_\_\_\_

Parent's Name  
 (UWI Credit Union Member) \_\_\_\_\_

Department (if on Campus) \_\_\_\_\_

Contact Nos. \_\_\_\_\_

**Certification**

(To be completed by applicant's Parent)

I (Print Name) \_\_\_\_\_ hereby certify  
 that the information contained in this application is true and correct.

\_\_\_\_\_  
 Parent's Signature Date \_\_\_\_\_

**NB Result Slip MUST accompany this application form**

For Official Use Only		
	Yes	No
<b>Applicant is a bona fide member for over six months</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contributed to account prior to application for at least six months</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Parent is Compliant</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Applicant is in good financial standing</b>	<input type="checkbox"/>	<input type="checkbox"/>