PSCU

CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

Head Office - 623-7570/8118, **Arima** – 667-3404, **San Fernando** – 652-2529/2480, **Tobago** – 639-1926,
Chaguanas Service Centre -- 672-3885/672-2714

SECONDARY ENTRANCE ASSESSMENT AWARDS

APPLICATION FORM

Please complete in **BLOCK LETTERS** and ensure that all information is completed correctly.

Name of Member: ……
SURNAME **FIRST NAME** **OTHER**

Member Account No.: ……. Ministry: ……..

Mailing Address: ……. Dept. ……..

……. Work Tel. No: …….. Ext. ……...

……. Home Contact No.: ……..

Name of Child: ……
SURNAME **FIRST NAME** **OTHER**

Is the child a Member? NO ☐ YES ☒ If YES – Account No. …….

Relationship to member: SON ☐ DAUGHTER ☐ OTHER (state)……..

S.E.A. Registration No.: ……

Primary School Attended: …….

(PLEASE ATTACH COPY OF THE CHILD'S BIRTH CERTIFICATE AND EXAM SLIP)

_____ _____
SIGNATURE OF MEMBER **DATE**

OFFICIAL USE ONLY

Share Balance: - $..... Date of Birth: - ……

Loan Balance: - $..... Birth Certificate Attached: YES ☐ NO ☐

Received by: …… Date: …….

Checked by: …… Date: …….