

Creating and Securing Your Future

SECONDARY EXAMINATION ASSESSMENT BURSARY APPLICATION FORM

(PLEASE COMPLETE IN BLOCK LETTERS)

Student's Name: Address:					
Date of birth:/dd mr		Gender:	Male		Female
Member Number (If Applicab	le)				
Parent / Guardian's Name					
Member Number:					
Telephone Numbers:					
	Home	Work		Mobile	
Email address:					
Please attach a copy	of the child's S.E.	A. performance re	sults slip	and b	irth certificate.
Deadline for Su	ıbmission of App	olication: Friday 20	th Novem	nber 20	20.

A student will ONLY be considered for this bursary if either the parent or student is a member of TECU.

PLEASE TURN OVER AND COMPLETE THE NEXT SECTION



Please ensure that you meet the following criteria before submitting your application by

checking YES or NO where appropriate:					
CRITERIA	YES NO				
 Parent/ child is member of TECU for a minimum of one (1) year 					
 Member has a minimum share balance of \$2,500.00 					
Please ensure that copies of the following documents are securely fastened to the application form:					
Birth Certificate					
S.E.A. Performance Results Slip					
• Proof of Guardianship (if applicable)					
FOR OFFICIAL USE					
Member is in good standing with the TECU Credit Union					
Application meets the existing criteria					
Date joined TECU:/					
dd mm yy					
Shareholding: \$					
Student's marks:					
Form received and checked by: Date: _					
Bursary: Yes No No All applications that do not meet the existing criteria, will NOT be considered. This					

guarantee selection for a bursary.