

TERTIARY BURSARY APPLICATION FORM

(PLEASE COMPLETE IN BLOCK LETTERS)

Student's Name: _____

Address: _____

Date of birth: ____/____/____
 dd mm yy

Gender: Male Female

Member Number (if Applicable) _____

Email Address _____ Phone No: _____

Parent / Guardian's Name _____

Member Number: _____

Telephone Numbers: _____

Home

Work

Mobile

Email address: _____

Applicants must be under twenty-one (21) years and provide copies of:

- **Acceptance Letter from the relevant Tertiary Institution**
- **Examination Transcripts**
- **Birth Certificate**

Deadline for Submission of Application: Friday 30th October 2020

A student will ONLY be considered for this bursary if either parent or the 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
- Applicant is entering the first year of a degree program

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Please ensure that copies of the following documents are securely fastened to the application form:

- Birth Certificate
- Acceptance Letter from the relevant Tertiary Institution
- Examination Transcript (s)
- Proof of Guardianship (if applicable)

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

FOR OFFICIAL USE

- Member is in good standing with TECU Credit Union
- Application meets the existing criteria

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Date joined TECU: ____/____/____
dd mm yy

Shareholding: \$ _____

Form received and checked by: _____

Date: _____

Bursary: Yes No

All applications that do not meet the existing criteria, will NOT be considered.
 This application does NOT guarantee selection for a bursary.

PLEASE ENSURE FORM IS COMPLETED AND THE REQUIRED DOCUMENTS ATTACHED