

## CONTINUING BURSARY APPLICATION FORM

The Education Committee of Works Credit Union Co-operative Society Limited requests your assistance in the provision of an overview of the overall final grade averages attained by INSERT STUDENT NAME for each term of the academic year ending (MM/YYYY); along with a stamped copy of the student's end-of-year report.

As a past S.E.A. Scholarship recipient, under the patronage of the WCU Education Committee Student Excellence Award Program, the student is now eligible to apply for a Continuing Bursary. The bursary is awarded to students for their academic performance in **Forms 1 – 4** and **Lower 6**, provided they have maintained a cumulative grade average of **75%** and over for the academic year under review.

Kindly complete the Student Performance Report in Section 1 below and affix the official school stamp as validation of same.

Should further clarification or confirmation be required by your offices, please contact our offices at 226 – 4WCU (4928) ext. 1007/1016/1032.

### SECTION 1 - STUDENT PERFORMANCE REPORT

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Academic Year/Form: ☐ One(1) ☐ Two(2) ☐ Three(3) ☐ Four(4) ☐ Lower Six(6)

Name of Form Teacher: \_\_\_\_\_

Overall Grade Average (%) : Term 1: \_\_\_\_\_ Term 2: \_\_\_\_\_ Term 3: \_\_\_\_\_

#### **SCHOOL DECLARATION**

We hereby affirm that the information provided herein is accurate and in agreement with official school administration records.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: DD / MM / YYYY

**Official School Stamp**

SECTION 2 - STUDENT INFORMATION

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: DD / MM / YYYY Age: \_\_\_\_\_ WCU Member Account No. : \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SECTION 3 - PARENT / GUARDIAN INFORMATION

Relationship to Student: ☐ Mother ☐ Father ☐ Guardian ☐ Aunt/Uncle ☐ Grandparent

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

National Identification No. : ☐ ID: \_\_\_\_\_ ☐ DP: \_\_\_\_\_ ☐ PP: \_\_\_\_\_

WCU Member Account No. : \_\_\_\_\_ Email : \_\_\_\_\_

Telephone Contact No.: ☐ Home: \_\_\_\_\_ ☐ Cell: \_\_\_\_\_ ☐ Work: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If Aunt/Uncle or Grandparent, kindly indicate who to make cheque payable to:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Deposit full Scholarship value to Student's WCU Account (optional) ☐ Yes ☐ No

SECTION 5 - DECLARATION

I hereby declare that the information provided and contained herein is accurate and true to the best of my knowledge. I further confirm my understanding that should any of the information given be found to be incorrect and/or false, the application will be deemed invalid and immediately disqualify the Student from consideration. I understand and agree that if any of the information given is found to be incorrect and/or false after the Bursary has been granted, any funds issued must immediately be repaid in full to the Credit Union.

PARENT / GUARDIAN SIGNATURE

DD / MM / YYYY  
DATE OF SIGNING

SECTION 6 - AUTHORIZATION (FOR OFFICIAL USE ONLY)

Cumulative Grade Average (%): \_\_\_\_\_ Year of Initial S.E.A. Scholarship: YYYY

Date Reviewed: DD / MM / YYYY Reviewed By: \_\_\_\_\_

Application Status: ☐ Approved ☐ Declined ☐ More Information Requested

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

\_\_\_\_\_

AUTHORIZING SIGNATURE

AUTHORIZING SIGNATURE