

S.E.A. SCHOLARSHIP APPLICATION FORM

SECTION 1 - STUDENT INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

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

Address: _____

Name of Primary School Attended: _____

Assigned S.E.A. Student Number: _____

Name of Secondary School Student will Attend: _____

SECTION 2 - 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 3 - SUPPLEMENTAL DOCUMENTATION

☐ Birth Certificate ☐ Birth Certificate & Affidavit ☐ Birth Certificate & Adoption Order

☐ Adoption Certificate ☐ Proof of Guardianship ☐ S.E.A. Student Performance Report

SECTION 4 - REASONS FOR APPLICATION

Kindly indicate your reasons for applying by selecting one of the following options:

☐ Merit ☐ Merit & Need

If applying on the basis of **Merit & Need**, please provide a brief description of your circumstances.
(This section is Mandatory)

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 Scholarship 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)

Date Reviewed: DD / MM / YYYY Reviewed By: _____

Application Status: ☐ Approved ☐ Declined ☐ More Information Requested

Comments: _____

AUTHORIZING SIGNATURE

AUTHORIZING SIGNATURE