



Branch: _____

TRINIDAD AND TOBAGO POLICE CREDIT UNION
SECONDARY ENTRANCE ASSESSMENT APPLICATION FORM
2018

Must be a member for five (5) years in accordance with the Scholarship Policy

Section - A PERSONAL DATA - MEMBER'S INFORMATION

Please write legibly in capital letters.

1. Name (in block letters)

Member Account No. _____

| | | |
|------------|-------------|---------|
| First Name | Middle Name | Surname |
|------------|-------------|---------|

2. Permanent address

Mailing address (if different from permanent address)

| | |
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| | |
|--|--|

3. Contact information

| | | |
|----------------|------------|--------------------|
| Home Phone | Work Phone | Mobile Phone |
| Primary e-mail | | Alternative e-mail |

Section - B STUDENT INFORMATION

| NAME OF STUDENT (IN BLOCK LETTERS) | EXAMINATION NO. | SCHOOL ATTENDED | SCHOOL ASSIGNED |
|---------------------------------------|-----------------|-----------------|-----------------|
| | | | |

4. Gender

| | |
|----------|------------|
| Male [] | Female [] |
|----------|------------|

5. Is the child or ward a member of the Credit Union? If yes please state Account No.....

SIGNATURE OF MEMBER

____/____/____
Date Month Year

PLEASE NOTE:

1. Copies of the following documents must accompany this application form: *(Incomplete or late applications will not be considered)*
 - a) The Examination Results Slip
 - b) The Placement Slip
 - c) The Birth Certificate of Child or Ward

NB: In the latter some evidence of member's guardianship **MUST** be provided.

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| Section C FOR OFFICAL USE ONLY (BRANCH USE) |
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|---|--|
| <input type="checkbox"/> Examination Results Slip <input type="checkbox"/> Placement Slip <input type="checkbox"/> Birth Certificate of Child or Ward <input type="checkbox"/> Evidence of Guardianship where applicable <p><u>Must be a member for five (5) years in accordance with the Education Policy</u></p> | <hr/> <p style="text-align: center;">Name of Person Receiving Form (BLOCK LETTERS)</p> <hr/> <p style="text-align: center;">Documents checked by (Signature)</p> <p style="text-align: center;">____/____/2018 Date Received</p> |
|---|--|

| | |
|--|---|
| <p style="text-align: center;"><u>SUBMISSION RECEIPT</u></p> <input type="checkbox"/> Examination Results Slip <input type="checkbox"/> Placement Slip <input type="checkbox"/> Birth Certificate of Child or Ward <input type="checkbox"/> Evidence of Guardianship where applicable <p><i>This receipt must be presented when making queries into the status of your application.</i></p> <p>Must be a member for five (5) years in accordance with the Education Policy</p> | <p>BRANCH _____</p> <hr/> <p style="text-align: center;">Name of Person Receiving Form (BLOCK LETTERS)</p> <hr/> <p style="text-align: center;">Parent/ Guardian Signature Submitting form</p> <p style="text-align: center;">____/____/2018 Date Received</p> |
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| Application Deadline: July 20th 2018 |
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