



TRINIDAD AND TOBAGO POLICE CREDIT UNION
SECONDARY ENTRANCE ASSESSMENT APPLICATION FORM
2019

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
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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/ ward a member of the Police Credit Union? Yes No

6. If **YES** please state Account No.

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SIGNATURE OF MEMBER

_____/_____/2019
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 / Ward**

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

Section C FOR OFFICAL USE ONLY (BRANCH USE)

<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>MUST BE A MEMBER FOR FIVE (5) YEARS IN ACCORDANCE WITH THE EDUCATION POLICY</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;">____/____/2019 Date Received</p>
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<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;">____/____/2019 Date Received</p>
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Application Deadline: July 12th 2019