



ANTILLES EMPLOYEES CREDIT UNION

(CO-OPERATIVE) SOCIETY LIMITED

#15 VESSIGNY STREET, VESSIGNY VILLAGE,
LA BREA 630115, TRINIDAD W.I.

Tel: (868) 221-9685 / 217-3030 / 217-5935

WhatsApp: (868) 781-6463

Email: antedu@antillescredituniontt.com

www.antillescredituniontt.com

SECONDARY ENTRANCE ASSESSMENT (S.E.A.) AWARDS 2024

S.E.A. Awards are available to **YDP members** and **children of Adult members** who have written the S.E.A. exam in 2024.

Twenty-five (25) bursaries each valued at **One Thousand Dollars (\$1,000.00)** in Shares will be distributed on the basis of:

- ✚ **10 Awards** on the basis of **Academic Excellence/Merit**
- ✚ **10 Awards** on the basis of **Need**
- ✚ **5 Awards** on the basis of **Non-academic Excellence** (e.g. Sports or Visual/Performing Arts)

Rules for Submission of Application Forms

1. Applications must be completed **in full** by the adult member or parent/guardian of the youth member.
2. The word **child** for the purpose of these awards means a natural or legally adopted person under the age of eighteen (18) years. Proof of relationship must be submitted with the application. (i.e. Birth Certificate, Affidavit, Adoption Order, Deed Poll etc.)
3. All applications **must** include a copy of the student's Performance Report.
4. Applications on the basis of **Need must** include evidence of need. Applicants may be required to attend an interview with the Committee.
5. Applications for the **Non-Academic/Excellence Award must** be supported by documentary evidence, including a recommendation from the child's Principal.
6. The Education/Marketing Committee will select the recipients of awards as outlined above in the strictest confidence. The decision of the Committee is **final**.
7. Applications must be submitted in a sealed envelope, clearly addressed as followed:

**The Secretary
Education/Marketing Committee
Antilles Employees Credit Union
S.E.A. AWARDS**

8. The deadline for entries is **FRIDAY SEPTEMBER 6th, 2024** at **4:00 PM**. Late or incomplete applications will **NOT** be considered.



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SECONDARY ENTRANCE ASSESSMENT AWARDS APPLICATION FORM

*Please complete form in **BLOCK LETTERS** and tick (□) or cross (x) where applicable.*

I wish that my child can be considered for an award based on: [tick (□) or cross (x) **only one** category]:

☐ **MERIT**

☐ **NEED**

☐ **NON-ACADEMIC EXCELLENCE** (tick (□) or cross (x) **only one** option):

- Performing Arts
- Athletics
- Public Speaking/Debate
- Other: _____

☐☐☐

(please specify)

APPLICANT INFORMATION

Student's Name: _____

Date of Birth: _____
(DD/MM/YYYY)

Gender: Male ☐ Female ☐

Address: _____

Account Number: _____ **Student Number:** _____

Primary School Attended: _____

Secondary School Assigned: _____



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PARENT INFORMATION

Name of Parent/Guardian: _____

Occupation: _____

Account Number: _____

Identification No: _____

ID ☐ DP ☐ PP ☐

Telephone Number: _____

Email Address: _____

M ☐ H ☐ W ☐

If child's surname differs from either parent's name, please explain:

NB: Please complete this section if applying for the award on the basis of NEED.

Please state briefly the circumstances on which an award for the basis of Need should be considered.

Name of Head of Household _____

Household Income \$ _____

Monthly/Weekly Expenses \$ _____

No. of Dependents _____



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CERTIFICATION

I _____ hereby certify that the information contained in this
(NAME OF PARENT/GUARDIAN)

application is true and correct.

SIGNATURE OF PARENT/GUARDIAN

DATE

FOR OFFICIAL USE ONLY

Tick where appropriate:

- Applicant is a: member ☐ child of a member ☐
- Applicant/Member is in good standing/not delinquent ☐
- Student's Performance Report enclosed ☐
- Proof of Relationship enclosed:
 - Birth Certificate ☐
 - Affidavit ☐
 - Deed Poll ☐
 - Adoption Order ☐

Remarks: _____

APPLICATION RECEIVED BY

DATE