



# 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 2025**

**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 5<sup>th</sup>, 2025 at 4:00 PM**. Late or incomplete applications will **NOT** be considered.



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## **SECONDARY ENTRANCE ASSESSMENT AWARDS APPLICATION FORM**

*Please complete this 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** of the following options):

- 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:** \_\_\_\_\_

**PARENT INFORMATION**

**Name of Parent/Guardian:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Identification No:** \_\_\_\_\_  
ID ☐ DP ☐ PP ☐

**Telephone Number:** \_\_\_\_\_  
M ☐ H ☐ W ☐

**Email Address:** \_\_\_\_\_

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

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**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**

\_\_\_\_\_

## **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**