



“Empowering our members
to attain Financial Independence”

SECONDARY ENTRANCE ASSESSMENT BURSARY APPLICATION FORM
(PLEASE COMPLETE IN BLOCK LETTERS)

Student's Name: _____

Member Account Number: _____

Address: _____

Date of Birth: ____/____/____ Gender: Male Female

Parent's / Guardian's Name: _____

Telephone Numbers: _____ (Home) _____ (Cell)

**PLEASE ATTACH A COPY OF
S.E.A. PERFORMANCE SLIP AND BIRTH CERTIFICATE**

FOR OFFICIAL USE ONLY

Documents submitted:

-Birth Certificate
-S.E.A. Results Slip

Date Joined CEMCU: ____/____/____

Form received and checked by: _____ Date: _____

Bursary: Yes No