



“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



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CARIBBEAN SECONDARY EXAMINATION CERTIFICATE BURSARY APPLICATION FORM
(PLEASE COMPLETE IN BLOCK LETTERS)

Student's Name: _____

Member Account Number: _____ ID/DP/PP _____

Address: _____

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

Email Address: _____ Phone No.: _____

Parent's / Guardian's Name: _____

Telephone Numbers: _____ (Home) _____ (Cell)

**PLEASE ATTACH A COPY OF:
C.S.E.C. CERTIFICATE, PROOF OF CONTINUING STUDIES (CAPE OR DEGREE)
AND BIRTH CERTIFICATE**

FOR OFFICIAL USE ONLY

Documents submitted:

-Birth Certificate
-C.S.E.C. Certificate
-Proof of Continuing Studies

Date Joined CEMCU: ____/____/____

Form received and checked by: _____ Date: _____

Bursary: Yes No



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CARIBBEAN ADVANCED PROFICIENCY EXAMINATION BURSARY APPLICATION FORM
(PLEASE COMPLETE IN BLOCK LETTERS)

Student's Name: _____

Member Account Number: _____ ID/DP/PP _____

Address: _____

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

Email Address: _____ Phone No.: _____

Parent's / Guardian's Name: _____

Telephone Numbers: _____ (Home) _____ (Cell)

**PLEASE ATTACH A COPY OF:
C.A.P.E. CERTIFICATE, PROOF OF CONTINUING STUDIES
AND BIRTH CERTIFICATE**

FOR OFFICIAL USE ONLY

Documents submitted:

-Birth Certificate - Proof of continuing studies
-C.A.P.E. Certificate
-Identification Card

Date Joined CEMCU: ____/____/____

Form received and checked by: _____ Date: _____

Bursary: Yes No



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TERTIARY BURSARY APPLICATION FORM

(PLEASE COMPLETE IN BLOCK LETTERS)

Student's Name: _____

Member Account Number: _____

Address: _____

Date of Birth: ____/____/____

Gender: Male Female

Email Address: _____ Phone No.: _____

Parent's / Guardian's Name: _____

Telephone Numbers: _____ (Home) _____ (Cell)

Please Attach a Copy of

- **Acceptance Letter From The Relevant Tertiary Institution**
 - **Examination Transcripts**
 - **Birth Certificate**
- **National Identification Card**

FOR OFFICIAL USE ONLY

Documents submitted:

-Acceptance Letter from relevant Tertiary Institution

-Examination Transcript(s)

-Birth Certificate

Date Joined CEMCU: ____/____/____

Form received and checked by: _____ Date: _____

Bursary: Yes No