

SECONDARY ENTRANCE ASSESSMENT AWARDS APPLICATION FORM

Please fill out the following information and submit it to the Credit Union's office. Please ensure that the forms are signed, and the supporting documents are attached.

Rules are on page 3.

1. Name of Applicant/ Parent/ Gua	ırdian:		
2. Are you a member of the Credit Union?		Yes No	
3. If yes, enter Credit Union Accoun	nt#	Passbook #	
4. Address:			
5. Mailing Address:			
6. Phone Number: (H)	(W)	(M)	
7. Email Address:			
8. I.D/Driver's Permit/Passport:			
9. Employer's Name:			
10. Employer's Address:			
CANDIDATE INFORMATION			
11. Last Name:	Fii	rst Name:	
12. Address:			
10 Cabaali			
13. School:			
14. Registration No:			



Suite 4, 39 Edward Street, Port of Spain Telephone: (868) 625-1496 :: Fax: (868) 624-5932 Email:cimpexcu@gmail.com

15. Date of Birth:						
16. Is the child a member of the CIMPEX Credit Union?		No				
17. If YES please enter Credit Union Account No:	Pass	book No:				
18. If NO , please note that children who are not members	are given	\$20.00 st	arter			
shares upon payment of \$10.00 registration fee.						
19. Submit original and a copy of one of the following:						
a. Student Performance Report						
b. Placement Slip						
c. Birthday Certificate						
20. Is your child applying for an Award from another cred	it union?	Yes	No			
21. If YES , please state the name of the Credit Union:						
CERTIFICATION						
I, hereby certify that the information submitted by me on						
this application is true and correct, dated this day of			20			
SIGNATURE:						
OFFICIAL USE						
SIGNATURE: DATE:						