



APPLICATION FORM

IRVIN JOHNSON SCHOLARSHIP FOR SECONDARY ENTRANCE ASSESSMENT

Member	
Member's Name:	
Member's Relation to Child (please tick appropriately)	Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/>
Home Address:	
Home Telephone Number:	
Work Telephone Number:	
Work Location:	
Account No.	
Child	
Name:	
Account No:	
Address:	
Primary School:	
Date of Birth:	
S.E.A. No:	
School for which child has passed:	
Pass Grade:	
Documentation:	<ul style="list-style-type: none"> Copy of Birth Certificate Copy of documents showing proof of guardianship (where necessary) Copy of Secondary Entrance Assessment Slip
Eligibility of Applicant	<ul style="list-style-type: none"> Must be a Junior Member for over one (1) year Must be an active member Parent must be in good standing in the Credit Union Must have achieved a pass grade of no less than 65%
Completion of Application Form	<ul style="list-style-type: none"> (a) All questions on the form must be answered. (b) Application must be certified and signed by the member.
Parent/ Guardian's Signature	<hr style="border: 0; border-top: 1px solid black; width: 100%;"/>
Date:	