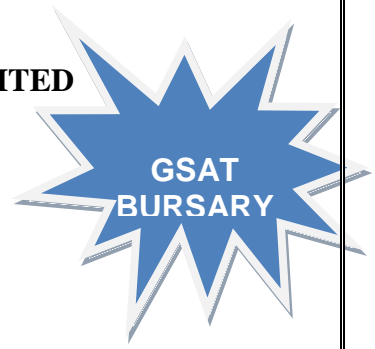




JAMAICA CO-OPERATIVE CREDIT UNION LEAGUE LIMITED



APPLICATION FORM

GSAT BURSARY 2016

GSAT AWARDEE: _____
(Please Print)

DATE OF BIRTH: _____ SEX: Male [] Female []

HOME ADDRESS: _____

HOME NO.: _____ MOBILE NO. _____

CREDIT UNION: _____

SCHOOL CURRENTLY ATTENDING: _____

NEW SCHOOL: _____

PARENT/GUARDIAN: _____

DATE OF PARENT'S MEMBERSHIP: _____

I confirm that the information disclosed on this form is, to the best of our knowledge, correct. I also confirm that this child is a **YOUTH SAVER** with the credit union and has proven financial need.

(Credit Union Manager's Signature and Credit Union Stamp for Verification are required)

Signature

Credit Union Stamp

NAME OF CURRENT EDUCATIONAL INSTITUTION	SCHOOL PLACEMENT FOR NEW SCHOOL YEAR	OVERALL AVERAGE	GSAT

Please attach a verified copy of the GSAT report with the grades.

A minimum of 85% average is required for this bursary.

Only one bursary will be given per credit Union. This form and requested information should be sent to JCCUL no later than 2 weeks after the results of the GSAT has been made public.

PLEASE NOTE

The Jamaica Co-operative Credit Union League (JCCUL) reserves the right to withhold, refuse or ask for a refund of the bursary funds if the information provided is found to be untrue or fraudulent. Children of staff members of the Jamaica Co-operative Credit Union League, its subsidiaries, and volunteers who serve on the Boards of aforementioned entities will not be considered for this grant.

