



**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:	
<b>Documentation:</b>	<ul style="list-style-type: none"> <li> Copy of Birth Certificate</li> <li> Copy of documents showing proof of guardianship (where necessary)</li> <li> Copy of Secondary Entrance Assessment Slip</li> </ul>
<b>Eligibility of Applicant</b>	<ul style="list-style-type: none"> <li> Must be a Junior Member for over one (1) year</li> <li> Must be an active member</li> <li> Parent must be in good standing in the Credit Union</li> <li> Must have achieved a pass grade of no less than 65%</li> </ul>
<b>Completion of Application Form</b>	<ul style="list-style-type: none"> <li>(a) All questions on the form <b>must</b> be answered.</li> <li>(b) Application <b>must</b> be certified and signed by the member.</li> </ul>
<b>Parent/ Guardian's Signature</b>	
<b>Date:</b>	



# Application Form

## Harold Smith Scholarship Please

type or print in block letters:

### Member's Personal Information

Last Name: \_\_\_\_\_ FirstName \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Country if outside T&T: \_\_\_\_\_ Account #: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email \_\_\_\_\_ Marital Status: \_\_\_\_\_

### Member's Employment Information

Name of Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Country if outside T&T: \_\_\_\_\_

Fax# \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Date of Employment: \_\_\_\_\_

### Category of Scholarship

CSEC

CAPE

University

Date of Birth

### Educational Information

Name of Educational Institution: \_\_\_\_\_

Duration of Course of Study: From \_\_\_\_\_ To: \_\_\_\_\_

For University please specify course of study: \_\_\_\_\_

Major / Intended Major: \_\_\_\_\_ Full-Time or Part-Time (circle one)

PTO



## Harold Smith Scholarship

# Application Form

### Application Status / Enclosures (please tick area appropriate)

- \_\_\_\_\_ Is an active member for over two (2) years  
\_\_\_\_\_ Is in good standing with the credit union  
\_\_\_\_\_ Enclosed evidence of having passed five (5) or more subjects  
\_\_\_\_\_ These passes are at the level of 1 or 2  
\_\_\_\_\_ Is suitably qualified for the courses propose to pursue  
\_\_\_\_\_ Enclosed evidence of having been accepted to the university  
\_\_\_\_\_ First-year university student (freshman)  
\_\_\_\_\_ Transfer student from another university  
\_\_\_\_\_ Enclosed copy of Birth Certificate or National Identification Card or Driver's Licence

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### SPECIAL ACHIEVEMENTS/HONORS AND RECOGNITION

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### EXTRACURRICULAR ACTIVITIES/COMMUNITY INVOLVEMENT

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Member Signature

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Today's Date

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### This Section for Scholarship Committee use only:

Recommended

Not Recommended

Remarks:

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Committee Member Signature

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Today's Date