



# S.E.A GRANT APPLICATION FORM

ALL INFORMATION MUST BE COMPLETELY FILLED OUT IN ORDER FOR APPLICATION FORM TO BE ELIGIBLE.

NB: The Student or the Parent / Guardian must be a member of Eastern Credit Union in good standing. **DEADLINE FOR SUBMISSION OF APPLICATIONS: 11<sup>th</sup> July, 2025.**

## STUDENT INFORMATION

1. Full Name: \_\_\_\_\_
2. Eastern Credit Union Account Number: \_\_\_\_\_
3. Address: \_\_\_\_\_  
\_\_\_\_\_
4. Primary School Attended: \_\_\_\_\_
5. S.E.A. Examination Number \_\_\_\_\_ (Applicants must provide the S.E.A Number to be considered!)

## PARENT / GUARDIAN INFORMATION

1. Full Name: \_\_\_\_\_
2. Eastern Credit Union Account Number: \_\_\_\_\_
3. Contact Number: \_\_\_\_\_
4. Email Address: \_\_\_\_\_

## FINANCIAL NEEDS ASSESSMENT

To help us make fair and informed decisions, please complete the following section as accurately as possible. All details you provide will be kept strictly confidential and used solely for determining award allocations.

1. How many persons are there in your household? Please specify how many adults and children. \_\_\_\_\_
2. How many are employed? \_\_\_\_\_
3. Father's Occupation: \_\_\_\_\_
4. Mother's Occupation: \_\_\_\_\_
5. Household Monthly Income: \$ \_\_\_\_\_ Expenditure \$ \_\_\_\_\_

Comments:

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### For Official Use

Comments

Approved Yes ☐ No ☐

Signed \_\_\_\_\_