

St. John's Credit Union Ltd.

Scholarship to Secondary Schools Application Form 2023

Deadline for application is May 19, 2023

- 1. The recipient of this scholarship must be a member of St. John's Credit Union Ltd.
- 2. Must provide a copy of applicant social security card and Primary School Certificate.
- 3. The Income Tax TD4 slips of the parents/guardians of the child must be attached to this form. Please note that this applies to self-employed parents/guardians as well. A certificate from the Income Tax Department can be used in place of a TD4 slip.
- 4. If both parents/guardians are working, two income statements must be provided.
- 5. A copy of the child's Standard 5 and 6 Report Cards must accompany this application.
- 6. An essay of no more than 250-words should be provided explaining why you should be awarded this scholarship.
- 7. If available, kindly provide a copy of the letter of acceptance received from at least one High School.
- 8. This form must be completed in FULL. Failure to provide accurate information may result in disqualification as an applicant.
- 9. The completed application should be submitted to any SJCU office in Belize City, Belmopan or Dangriga or email to marketing@sjcu.com.bz on or before May 19, 2023. LATE APPLICATIONS WILL NOT BE ACCEPTED.



#4 Basra Street Belize City, Belize Tel: 501-227-7659 www.sjcu.com.bz

APPLICANT:				
Name:				
First name	Last Name	Middle Initio	nl	
Address:		Phone #:		
District:	Nationality:			
Credit Union Account #:	Ger	nder: Female: 🗌 I	Male:	
Date of Birth: / / dd / mm / yy	Place of Birth	:		
Name of School:				
APPLICANT'S PARENTS: MOT	THER'S INFORMATIO	ON .		
Mother's Name: First Name	Last Name	Middle Initial	Please check box if deceased:	
Mother's Address:				
Employer:		Annual Income: (Attach TD4 Slip)		
Occupation:		Nationality:		



#4 Basra Street Belize City, Belize Tel: 501-227-7659 www.sjcu.com.bz

APPLICANT'S PA	RENTS: FATHER'S INFORMATI	ON	
Father's Name:	First Name Last Name	Middle Initial	Please check box if deceased:
Father's Address:			
Employer:		Annual Income: (Attach TD4 Slip)	
Occupation:		Nationality:	
APPLICANT'S GU	ARDIAN'S INFORMATION		
Guardian's Name:	First Name Last Name	Middle Initial	Please check box if deceased:
Mother's Address:			
Employer:		Annual Income: (Attach TD4 Slip)	
Occupation:		Nationality:	