

# St. John's Credit Union Ltd.

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## Scholarship to Secondary Schools

### Application Form 2024

Deadline for application is June 21, 2024

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 SJCUC office in Belize City, Belmopan or Dangriga or email to [marketing@sjcu.com.bz](mailto:marketing@sjcu.com.bz) on or before June 21, 2024. **LATE APPLICATIONS WILL NOT BE ACCEPTED.**



**APPLICANT:**

Name: \_\_\_\_\_  
*First name Last Name Middle Initial*

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

District: \_\_\_\_\_ Nationality: \_\_\_\_\_

Credit Union Account #: \_\_\_\_\_ Gender: Female:  Male:

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth: \_\_\_\_\_  
*dd / mm / yyyy*

Name of School: \_\_\_\_\_

**APPLICANT'S PARENTS: MOTHER'S INFORMATION**

Mother's Name: \_\_\_\_\_ Please check box if deceased:   
*First Name Last Name Middle Initial*

Mother's Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Annual Income: \_\_\_\_\_  
*(Attach TD4 Slip)*

Occupation: \_\_\_\_\_ Nationality: \_\_\_\_\_

**APPLICANT'S PARENTS: FATHER'S INFORMATION**

Father's Name: _____		Please check box if deceased: <input type="checkbox"/>
<small>First Name</small>	<small>Last Name</small>	<small>Middle Initial</small>
Father's Address: _____		
Employer: _____	Annual Income: _____ <i>(Attach TD4 Slip)</i>	
Occupation: _____	Nationality: _____	

**APPLICANT'S GUARDIAN'S INFORMATION**

Guardian's Name: _____		Please check box if deceased: <input type="checkbox"/>
<small>First Name</small>	<small>Last Name</small>	<small>Middle Initial</small>
Mother's Address: _____		
Employer: _____	Annual Income: _____ <i>(Attach TD4 Slip)</i>	
Occupation: _____	Nationality: _____	