

St. John's Credit Union Ltd.

Scholarship to Secondary Schools Application Form 2025

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 the Marketing Department at our Main Office in Belize City or to a Branch Manager before July 11, 2025. **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: _____ Phone #: _____

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: _____		Phone #: _____
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: _____		Phone #: _____
Employer: _____	Annual Income: _____ <i>(Attach TD4 Slip)</i>	
Occupation: _____	Nationality: _____	