

JPS & PARTNERS CO-OPERATIVE CREDIT UNION LTD. PRIMARY EXIT PROFILE/HIGH SCHOOL BURSARY

NAME OF CREDI	T UNION MEMBER	FIRST	MIDDLE	LAST	
				23.10.1	
YEAR OF MEMBI	ERSHIP		(yyyy/mm/dd)		
ACCOUNT NO.					
ACCOUNT NO.					
WORK ADDRES	S (LOCATION) AND TE	CLEPHONE NO.			
TEL	EPHONE				
STUDENT FOR B	URSARY				
		FIRST	MIDDLE	LAST	
HOME (MAILIN	G) ADDRESS AND TEL	EPHONE NO.			
MEMBER			STUDENT (if different)	from member's)	
		COI	ADT	ATEM	
			AKL	MEKS	
	CO-	OPERATIV	E CREDIT	INION LTE	
				Lica (JB)	
TELEPHONE	1000	Financial	TELEPHONE	Life Se	
HAVE YOU PREVIOUSLY APPLIED? YEAR(S)					
NAME OF HIGH SO	CHOOL ABOUT TO ATT	END			
	F MEMBER TO STUDEN	Т	FATHER MO	OTHER	
FOR SCHOLARSHI	P				
NO OF CHILDREN	ATTENDING SCHOOL				
NO. OF CHILDREN	ATTENDING SCHOOL				
CHILDREN/DEPEN	IDENTS OF MEMBER				
AGE					
SEX					
DADTICIH ABS OF	DADENITS.		1 1		
PARTICULARS OF				T	
	EMPLOYER	POSITION HELD	MONTHLY SALARY	OTHER INCOME	
FATHER MOTHER					
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Bursary Application Form

SCHOOL FEES PAID	FOR OTHER CHILDI	REN ANNUALLY				
UNDER \$10,000	\$10,001-\$15,000	\$15,001-\$20,000	\$20.001-\$25.000	ABOVE \$25,000		
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П	П	П	П	П		
SCHOOL FEE FOR STUDENT FOR SCHOLARSHIP:						

N.B. COMPLETED APPLICATION FORM SIGNED BY PRINCIPAL MUST BE RETURNED TO: THE GENERAL MANAGER, JPS & PARTNERS CO-OP CREDIT UNION LTD.
65 ¾ HALF-WAY-TREE ROAD, KINGSTON 10
NO LATER THAN FRIDAY, JULY 15, 2022

This application must be submitted with the following items:

- 1. A certified copy of the child's Examination Results (Grade 4 Literacy & Numeracy Examinations [2020], Grade 5 Performance Task [2021], and the Grade 6 Ability Test [2022])
- **2.** A passport-size photograph
- **3.** A letter of recommendation/character reference from the student's Grade 6 teacher or principal.
- **4.** A certificate of authorization (please see sample below). The list of approved authorizing officers is listed below. If the application is being submitted electronically, these should be scanned and sent to marketing@jpscu.com with the subject RE: (Child's Name) Bursary Application.

CERTIFICATION BY AUTHORIZING OFFICER

THIS IS TO CERTIFY THAT	IS THE CHILD OF
	(MOTHER) AND(FATHER)
NAME AND ADDRESS	IPS & PARTNERS
WINE THE PROPERTY	CO-OPERATIVE CREDIT UNION LTD.
1	(J.P, MINISTER OF RELIGION, MEDICAL DOCTOR, TEACHER)
	SIGNATURE

PLEASE NOTE

- i. The examination results must be on the school's letterhead or have the school's seal attached to it. Failure to adhere with this stipulation will affect the legitimacy of your application. No application will be accepted after the deadline.
- ii. Authorizing Officers are limited to Justices of the Peace, Ministers of Religion, Medical Doctors and Teachers at the child's current school who would have known the child for at least one (1) year. The Authorizing Officer must attach his seal to the document or the seal of place of employment.