



JTA Co-operative Credit Union Ltd.
Serving Our Members... Impacting Lives Positively
GRADE SIX ACHIEVEMENT TEST (GSAT) BURSARY
Application Form

DETAILS OF PARENT / GUARDIAN

Name of Parent/Guardian: _____

Relationship to Applicant: - Mother Father Legal Guardian

JTA Credit Union membership number: _____

Home Address: _____

Contact Number: _____

Work Address: (Name of School & Telephone Number)

Nature of Employment: Permanent Temporary

Monthly Net Income: \$10,000 - \$25,000 \$26,000 - \$40,000 over \$40,000

Other Dependents:

Name	Relationship	Age
1.		
2.		
3.		
4.		

DECLARATION OF PARENT / GUARDIAN

I hereby declare that the statements made by me in answer to the foregoing questions are true and complete. I understand that willful misrepresentation renders the application ineligible for consideration and could be withdrawn.

Signature of Parent/Guardian ----- Date: _____

DETAILS OF APPLICANT

Full Name of Student: _____

Date of Birth: _____ Place of Birth: _____

Nationality: _____ Gender: Male Female

Name of last school attended: _____

Name of High School: _____



Co-curricular Activities: _____

WHY THIS BURSARY IS IMPORTANT TO ME (THIS SECTION IS TO BE COMPLETED BY THE STUDENT)

SCHOOL ASSESMENT

GRADE TEACHER'S ASSESMENT OF STUDENT

Name of Grade Teacher

Signature of Grade Teacher Date

CONDITIONS:

1. The applicant must have taken the GSAT examination in the year of application
2. The parent or legal guardian of the applicant must be a member in good standing of the JTA Co-operative Credit Union Ltd. for a minimum of one (1) year
3. The applicant must **not** have already received a bursary or scholarship from another institution in relation to their GSAT results
4. All applications must be accompanied by a copy of the applicant's birth certificate and GSAT grades
5. All sections must be completed and all the required signatures affixed

THE DEADLINE FOR SUBMISSION IS THE FIRST MONDAY IN JULY. FORMS CAN BE SUBMITTED TO ANY JTA CO-OP CREDIT UNION LOCATION.

