

LICU Prosperity Vision Scholarship for Secondary Education Application



APPLICANT MUST BE OR BECOME A MEMBER OF LICU AND MUST DEMONSTRATE FINANCIAL NEED.

Are you a first time Scholarship recipient?

Are you between the ages of 11 and 14 years?

Date: _____

Applicant's Full Name: _____

Date of Birth: _____ Sex: _____ LICU Acct. #: _____

SSN# / Passport #:

Telephone No. 1: _____ Telephone No. 2: _____

Address: _____

Primary School Attending: _____

High School Accepted to Enroll: 1.) _____

2.) _____

3.) _____

Household Structure:

(Kindly check the entities that live in your household and fill in the corresponding information)

	Name	D.O.B (dd/mm/yy)	Occupation	Monthly Income	LICU Member	Sex
Grandfather:	_____	_____	_____	_____		
Grandmother:	_____	_____	_____	_____		
Father:	_____	_____	_____	_____		
Mother:	_____	_____	_____	_____		
Sibling 1:	_____	_____	_____	_____		
Sibling 2:	_____	_____	_____	_____		
Sibling 3:	_____	_____	_____	_____		
Sibling 4:	_____	_____	_____	_____		

Other Requirements:

Kindly ensure to include **ALL** the following in your application package:

(Absence of any one of these items will result in disqualification of your application)

1. Letter of application, handwritten in English by the student applicant, which clearly indicates his/her need, desire, and potential to pursue higher education.
2. Copies of High School Acceptance letter(s)
3. Copies of Std. IV, V and VI academic record
4. Conduct record from teacher and the principal
5. PSE report
6. Copy of Applicants Valid Passport or Social Security Card
7. Copy of Applicants Birth Certificate
8. Copy of Parent(s) Identification

Address all applications to:

The Education Committee
La Inmaculada Credit Union Limited
5 Park Street
Orange Walk Town
Email: licu@btl.net

Shortlisted applicants will be required to participate in an on-site interview at applicant's residence.