



Aero Services Credit Union

ASCU invites its members to submit applications for the **ASCU Awards of Excellence** presentation scheduled for **September 28th 2017**.

S.E.A. C.S.E.C./C.A.P.E.

S.E.A.
C.S.E.C./C.A.P.E.

AUGUST 15, 2017
SEPTEMBER 8, 2017

The attached application form along with all relevant documents are to be addressed in a sealed envelope to:

The Education Committee
ASCU Head Office
Cor. Orange Grove Road & Priority Bus Route
TACARIGUA

For further information please contact the Education Committee members:
Esther: 351-3203; Safi: 718-7451; Janelle: 324-3821; Lydia: 785-6676;
Hanz: 772-6657; Brent: 684-0810; Ann: 704-1574; Pat: 280-5313
Or Email: aeroeducomm@gmail.com

CRITERIA for the Award of Credit Union SHARES

S.E.A. Award

- Name of the A.S.C.U.'s member.
- A copy of the member's child - **S.E.A. Placement Slip and Performance Report**
- Please provide a copy of the Student's Birth Certificate (if Student is not a member)

C.S.E.C./C.A.P.E. Awards

- Student must be 20 years of age and under. Please provide a copy of the Student's Birth Certificate (if the Student is not a member).
- C.S.E.C. Students - In one sitting, student must have successfully obtained a **minimum of 5 C.S.E.C. subjects, including Mathematics and English Language**. Must submit Result Slips or Certificates.

- Student must be a member of ASCU for at least six months prior to the exams and contributed to their share account for the same period. However, **special consideration** would be given to students who are not yet members and are desirous of becoming members at this time.

PLEASE FILL OUT THE RELEVANT APPLICATION FORM

S.E.A. Award 2017

Parent's Name:	Mem A/c No.
Address:	Phone No:
S.E.A. Candidate's Name:	Age:
Is the Student a Member? Please tick - Yes <input type="checkbox"/> No <input type="checkbox"/>	
Secondary School due to attend:	

Attach copy of School Placement Slip & Performance Report

C.S.E.C./C.A.P.E. Award 2017

Parent's Name:	Mem A/c No.
Address:	Phone No:
Candidate's Name:	Age:
Is the Student a Member? Please tick - Yes <input type="checkbox"/> No <input type="checkbox"/>	
Year of Exam:	
Secondary School attended:	

Attach copy of result slip