Canning's Employees' Credit Union
Co-operative Society Limited

SEA Grant Programme 2026

STUDENT'S NAME: _____ **SEX: MALE** ☐ **FEMALE** ☐
IN BLOCK LETTERS

S.E.A. NUMBER: _____

DATE OF BIRTH: _____ **EMAIL ADDRESS:** _____
IF ANY

ADDRESS: _____

_____

ATTENDING SCHOOL: _____

ADDRESS: _____

_____

PARENT'S NAME: _____ **PASSPORT#:** _____

DRIVER'S PERMIT#: _____

NATIONAL ID#: _____

PLACE OF EMPLOYMENT: _____

ADDRESS: _____

_____

HOME ADDRESS: _____

_____

CONTACT NOS: (C) _____

(H) _____

(W) _____

_____
Member's Signature

Please submit a copy of Child's Birth Certificate and S.E.A Results Slip.
Only members in Good Standing will be eligible