

Scholarship Application Form (Secondary School)

Date:

Account Number:

Please return completed forms by July 31.

Name of Parents:

Address of Parents:

Name of Student:

Address of Student:

Gender: Male Female Date of Birth:

School Attended:

Common Entrance Score: School Assigned:

Home Phone:

Cell Phone:

Reason for Application:



Elks City of Castries Credit Union
 P.O. Box 1924
 Cnr. Of Brazil and Coral Street
 CASTRIES ST. LUCIA
 TEL: (758) 452-6820/ (758) 285-6820

Scholarship Criteria

General Criteria:

1. The applicant (awardee's parent/guardian) must have been a member of the Society for at least one year prior to the qualifying common entrance examination.
2. The applicant (awardee's parent/guardian) must not have any delinquent loans at the time of the application.
3. Level of participation of the applicant (awardee's parent/guardian) in the business of the Society.

I hereby warrant and confirm that the foregoing statements are true and correct and have been made by me knowing that you will place reliance on them when considering my application. You are hereby authorized to obtain any information you may require relating to this application from any source which you may apply and each such source is hereby authorized to provide you with such information.

 Signature of Parent / Guardian

For Official Use Only

Status of Account: In Good Standing Delinquent Dormant

Comments of the Reviewer: _____

Board's Decision: Granted Not Granted

Comments: _____

Signature of Board Members: _____

