



CITY OF BRIDGETOWN CO-OPERATIVE CREDIT UNION LTD.

“Measuring Success One Member at a Time”

C.O.B C.A.R.E.S Maxine McClean Scholarship & Awards Application Form For Special Needs Students

MEMBER NO. _____

NAME OF STUDENT _____
FIRST NAME MIDDLE NAME(S) LAST NAME

GENDER _____ MALE _____ FEMALE

DATE OF BIRTH _____ AGE _____ (yrs) NATIONAL REG. NO. _____
(dd/mm/yyyy)

EDUCATIONAL INSITUATION _____

NAME OF PARENT/GUARDIAN _____

MAILING ADDRESS _____

TELEPHONE NUMBER _____ (H) _____ (W) _____ (C)

E-MAIL ADDRESS _____

SIGNATURE _____ DATE _____
(Parent/Guardian) (dd/mm/yyyy)

TERMS AND CONDITIONS FOR ELIGIBILITY FOR AWARD

1. The student must be a member of the C.A.R.E.S Programme for a minimum of **one (1) year** or **12 calendar months** prior to making the application.
2. The student or sponsoring member (immediate family member) must have a minimum account balance of one hundred and fifty dollars **(\$150.00)** by the deadline date for applications in order to be eligible for consideration for the award. Immediate family members refer to siblings, parents, appointed guardians, grandparents, aunts, uncles and spouses.
3. Special Needs (differently-able) students must attain some level of achievement (e.g. Special Olympics, academics at school, craft etc.) in the community to be considered eligible for award.
4. All applicants must present evidence of recognition or award in the given area.
5. This application form must be completed in full and submitted by the deadline date for eligibility for award. **(The deadline for the submission of applications is Wednesday, August 16, 2017)**