

MEMBER NO:	
DATE JOINED:	

C.O.B C.A.R.E.S MAXINE MCCLEAN SCHOLARSHIP & AWARDS PROGRAMME APPLICATION FORM

For Students who completed studies at the Barbados Community College (BCC)

STUDENT DETAILS				
Gender: Male Female		Educational Institution:		
Surname:	First Name:		Middle Name(s):	
Date of Birth: (dd/mm/yyyy)		National Identification Number:		
Name of Parent/Guardian:		E-mail Address:		
Residential Address:				
Tel. No.:	Work No.:		Mobile No.:	
Signature:		Date:	(dd/mm/yyyy)	
TERMS AND CONDITIONS				
 The student must be a member of the prior to making the application. All per 			of one (1) year or 12 calendar months r 26 years of age.	
2. The student must have a minimum a deadline date for applications in order				
3. Students will only be considered elig student was enrolled.	gible for award a	fter completing the Ass	ociate Degree Programme in which the	
4. A copy of the student's examination the Barbados Community College mus			icate or letter of graduation issued by	
5. This application form must be comp deadline for the submission of applicat			ine date for eligibility for award. The	

City of Bridgetown Co-operative Credit Union Ltd.

C.O.B. Business Centre, Lower Broad Street, Bridgetown BB11000, Barbados, West Indies
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Manor Lodge Complex, Lodge Hill, St. Michael
Contact Centre: (246) 430-5900 Fax. No.: 436-2033