



**CITY OF BRIDGETOWN  
CO-OPERATIVE CREDIT UNION LTD.**  
*" Measuring Success One Member at a Time"*

MEMBER NO:

DATE JOINED:


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

For Students who are pursuing/completed studies at the Samuel Jackman Prescod Institute of Technology (SJPI)

<b>STUDENT DETAILS</b>		
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		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**

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. All persons applying for awards must be under 26 years of age.
2. The student must have a minimum account balance of four hundred and twenty-five dollars (\$425.00) by the deadline date for applications in order to be eligible for consideration for the award.
3. Students who are pursuing or have completed studies towards a full time Certificate, Diploma, City & Guilds or Advanced Diploma Programme will be considered eligible for award.
4. A copy of the student's examination results - the academic transcript, certificate or letter of graduation issued by the Samuel Jackman Prescod Institute of Technology must accompany the application form.
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: **Friday, September 30, 2022**

**City of Bridgetown Co-operative Credit Union Ltd.**  
**C.O.B. Business Centre, Lower Broad Street, Bridgetown BB11000, Barbados, West Indies**  
**One Carlton Plaza, Black Rock, St. Michael**  
**Manor Lodge Complex, Lodge Hill, St. Michael**  
**Next to Williams Equipment Ltd. Building, Six Roads, St. Philip**  
**Contact Centre: (246) 430-5900 Fax. No.: 436-2033**

Email: [caresawards@cobcreditunion.com](mailto:caresawards@cobcreditunion.com) Website: [www.cobcreditunion.com](http://www.cobcreditunion.com)