



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 Special Needs Students

STUDENT DETAILS

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.
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: **Friday, September 30, 2022**

City of Bridgetown Co-operative Credit Union Ltd.
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