



“Where Service Exceeds Expectation”

MANDEVILLE BRANCH
2 MAIN STREET
962 – 0401/3584

CHRISTIANA BRANCH
MAIN STREET
964 – 2408/3648

APPLICATION FOR THE SYDNEY CARTER SCHOLARSHIP

Name: Mr./Mrs./Ms. _____
(Surname) (First & Middle Names)

Address: _____

Telephone number (s): (876) _____ / (876) _____

Date of Birth: _____ Nationality: _____

Marital Status: Single [] Married [] Separated [] Divorced []

Dependents: _____
(Number) (Indicate ages of children)

Credit Union Account Number: _____
(Applicant) (Parent/Guardian)

If married, indicate occupation & employer of wife/husband

EDUCATION

Schools attended/courses completed	Period	Achievement
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Tertiary Institution where presently enrolled:

Address: _____

Telephone number (s): (876) _____ / (876) _____ / (876) _____

In submitting this application, the applicant certifies that the information contained herein is true, accurate and complete to the best of his/her knowledge. If proven otherwise this application and all possible benefits become null and void.

Applicant’s Signature: _____ Date: _____