

COOPERATIVE MOVEMENT SCHOLARSHIP APPLICATION FORM

1. NAME: _____
PLACE OF BIRTH: _____
CITIZEN: _____
ADDRESS: _____

Attach copy of birth certificate or first four pages of your passbook.

2. TELEPHONE #: _____
PARENTS NAMES: _____

GUARDIANS NAME: _____

ADDRESS PARENTS/GUARDIAN: _____

TELEPHONE #: _____

3. SCHOOLS ATTENDED:
PRIMARY: _____
SECONDARY: _____
TERTIARY: _____

- 4: ARE YOU A MEMBER OF A COOPERATIVE?

YES NO

ARE YOUR PARENTS/GUARDIAN A MEMBER OD A CREDIT UNION?

YES NO

4. ACADEMIC PERFORMANCE (attach copies of high school record.)
High School Graduate Certificate
BJC's: _____
BGCSE's: _____
Other: _____

SUBJECT MOST ENJOYED IN HIGH SCHOOL: _____

If transfer student from another College or University

COLLEGE/UNIVERSITY: _____

ADDRESS: _____

1. ESTIMATE COMBINED INCOME OF PARENT(S)/GUARDIAN:

UNDER \$10,000.00 _____ \$10,000 - \$19,000.00 _____

\$20,000 - \$29,000.00 _____ \$30,000.00 plus _____

NUMBER OF BROTHERS AND SISTERS: _____

7. AN ESSAY OF APPROXIMATELY 200 WORDS ON WHY YOU DESIRE A SCHOLARSHIP AND HOW IT WILL ASSIST YOU IN REACHING YOUR LONG TERM GOALS AND IMPACT THE DEVELOPMENT OF THE BAHAMAS.

8. COURSE OF STUDY APPLIED FOR AT THE COLLEGE OF THE BAHAMAS OR OTHER LIST APPROVED TERTIARY:

9. ATTACH COLLEGE ACCEPTANCE LETTER.

10. SIGNATURE OF APPLICANT: _____

11. SIGNATURE OF PARENT: _____

12. RETURN APPLICATION TO:

THE BAHAMAS CO-OPERATIVE LEAGUE LIMITED
RUSSELL ROAD, OAKES FIELD
P.O. BOX SS-6314
NASSAU, BAHAMAS

Or any Credit Union

Attn: Chairperson of the Scholarship Committee

- ✓ Enclose copies of academic records and three letters of recommendations.