



Business Complex, P.O. Box 106B, St Michael, BB14000, Barbados, WI

TREVOR BROWNE EDUCATIONAL SCHOLARSHIP APPLICATION FORM

	Date:	
Photo of Applicant		
Student's Name:		
Date of Birth:		
Name of Parent or Guardian (if appli	cant is under 18)	
Member Account No:	Email Contact:	No. of children in family:
Home Address:		
Tel (H):	Tel (W):	Tel (C):
Employer's Name:		Position/Occupation:
Employer's Address:		Employer's Telephone No:
	EDUCATIONAL BACKGROUND 8	INSTITUTIONS
Name(s) & Address(es) of School(s) a	ttended:	
EXTRA CURRICULAR ACTIVITIES/CLUBS/VOLUNTEERISM		
Prize(s) or Award(s) received:		
Name of Tertiary Level Institution	1:	
	Applicant Charlet (All applica	she record colores to the fellowing and sign.
	Applicant Check List (All applicar	nts must submit the following and sign)
i. Completed application form:	Yes [] No [] ii. One Passpo	ort sized photograph: Yes [] No []
iii. Proof of enrolment at tertiary i	nstitution Yes [] No [] iv. Last	School report (certified): Yes [] No []
v. Written essay Yes [] No []		
		Signed:
FOR OFFICIAL LIST ONLY		Applicant/Parent
FOR OFFICIAL USE ONLY Received By:	Signature	Date:
neceived by		
Checked By:	Signed:	Date:

APPLICATION CRITERIA:

- ☐ The members who are applying for the scholarship, their children or ward, must be making contributions to shares every month.
- ☐ A minimum balance of \$250 must be maintained in the members' account for the preceding 12 months.
- ☐ The recipient must agree in writing that The Light & Power Employees Co-operative Credit Union may use their photograph/image/sound clip for marketing/publicity/educational purposes.