THE LIGHT & POWER EMPLOYEES CO-OPERATIVE CREDIT UNION LTD

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

TREVOR BROWNE EDUCATIONAL SCHOLARSHIP

APPLICATION FORM

Date: _____

Student's Full Name:		
Date of Birth:		
Name of Parent or Guardian (if applicant is under 18):		
Member Account No.:	E-mail Address:	
Home Address:		
Tel (H):	Tel (W):	Tel (C):
Employer's Name:	Position/Occupation:	
Employer's Address:	Employer's Telephone No:	

EDUCATIONAL BACKGROUND & INSTITUTIONS

Name(s) of School(s) attended:

EXTRACURRICULAR ACTIVITIES/CLUBS/VOLUNTEERISM

PRIZE(S) OR AWARD(S) RECEIVED:

Name of Tertiary Level Institution:

Applicant Check List (All applicants must submit the following and sign)

i. Completed application form: Yes ☐ No ☐

ii. One Passport sized photograph: Yes ☐ No ☐

iii. Proof of enrolment at tertiary institution: Yes ☐ No ☐

iv. Last School report (certified): Yes ☐ No ☐

v. Written essay expressing scholarship need: Yes ☐ No ☐

Signed: ……....

Applicant/Parent

FOR OFFICIAL USE ONLY

Received By: ……..…… Signature: ……..…… Date: ……..

Checked By: ……..…… Signature: …..……Date: ……

APPLICATION CRITERIA:

- ❑ The scholarship applicant must be making monthly contributions to their account while maintaining a minimum balance of $250 for the preceding 12 months.
- ❑ By submitting this application, the recipient agrees that The Light & Power Employees Co-operative Credit Union may use their photograph/image/sound clip for marketing/publicity/educational purposes.