MANCHESTER CO-OPERATIVE CREDIT UNION (1977) LTD.

INVITES APPLICATIONS FOR

THE SYDNEY CARTER SCHOLARSHIP

TENABLE AT

THE UNIVERSITY OF TECHNOLOGY, JAMAICA
THE UNIVERSITY OF THE WEST INDIES OR
NORTHERN CARIBBEAN UNIVERSITY.

THE FOLLOWING CONDITIONS APPLY:

➢ CANDIDATES SHOULD BE MEMBERS OR CHILDREN OF MEMBERS OF THE MANCHESTER CO-OPERATIVE CREDIT UNION (1977) LTD NOT OLDER THAN 25 YEARS OF AGE.

➢ CANDIDATES SHOULD BE ATTENDING ONE OF THE ABOVE-MENTIONED INSTITUTIONS, PURSUING ANY DISCIPLINE IN A FULL TIME CAPACITY.

➢ APPLICATIONS MUST BE ACCOMPANIED BY THE COMPLETED APPLICATION FORM, A COVER LETTER AND RELEVANT PROGRESS REPORTS/ACCEPTANCE LETTER.

➢ SCHOLARSHIP WILL BE FOR A MAXIMUM OF THREE YEARS INCLUSIVE OF THE FINAL YEAR.

APPLY TO:
THE GENERAL MANAGER
MANCHESTER CO-OPERATIVE CREDIT UNION (1977) LIMITED.
2 MAIN STREET
P.O. BOX 533
MANDEVILLE.

CLOSING DATE - JUNE 30, 2015
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: _______________________ (Indicate ages of children)
(Number)

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: ______________________

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