

JPS & PARTNERS CO-OPERATIVE CREDIT UNION LTD.
APPLICATION FOR GSAT BURSARY

NAME OF CREDIT UNION MEMBER.....
FIRST MIDDLE LAST

YEAR OF MEMBERSHIP.....

ACCOUNT NO.

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WORK ADDRESS (LOCATION) AND TELEPHONE NO.

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 TELEPHONE

STUDENT FOR SCHOLARSHIP.....
FIRST MIDDLE LAST

HOME (MAILING) ADDRESS AND TELEPHONE NO.

MEMBER

STUDENT *(if different from member's)*

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.....

TELEPHONE

TELEPHONE

HAVE YOU PREVIOUSLY APPLIED?

YEAR(S).....

NAME OF HIGH SCHOOL ABOUT TO ATTEND.....

RELATIONSHIP OF MEMBER TO STUDENT
 FOR SCHOLARSHIP

FATHER

MOTHER

NO. OF CHILDREN ATTENDING SCHOOL

CHILDREN/DEPENDENTS OF MEMBER

AGE														
SEX														

PARTICULARS OF PARENTS:

POSITION MONTHLY

OTHER

OCCUPATION

HELD

SALARY

INCOME

FATHER				
MOTHER				

FOR OFFICIAL USE ONLY

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N.B. COMPLETED APPLICATION FORM SIGNED BY PRINCIPAL MUST BE RETURNED TO:
THE GENERAL MANAGER, JPS & PARTNERS CO-OP CREDIT UNION LTD.
65 ¾ HALF-WAY-TREE ROAD, KINGSTON 10
NO LATER THAN JUNE 13, 2008