



Margaret Rogers Foundation Grant

APPLICATION FORM

NAME OF CHILD:

Last First Middle

NAME OF PARENT:

Last First Middle

ADDRESS:
.....

CHILD'S DATE OF BIRTH SEX: () Male () Female

CONTACT NUMBER/ EMAIL ADDRESS:
.....

APPLICANT'S RELATIONSHIP WITH COK SODALITY CO-OPERATIVE CREDIT UNION
(Tick the box which applies)

a) [] Member of Credit Union Account #.....

b) [] Child of member of Credit Union
Member's Name.....

Member's Account #.....

SCHOOL CHILD NOW ATTENDS.....

CHILD'S GRADE

DATE OF APPLICATION: _____

Please indicate if you have applied for / or a recipient of another Scholarship. Yes [] No []

CLOSING DATE: MONDAY, AUGUST 12, 2019