



COK SODALITY CO-OPERATIVE CREDIT UNION LTD.
Invest in your future today!

PAUL CHEVANNES SCHOLARSHIP

APPLICATION FORM

NAME OF CHILD: _____
Last First Middle

ADDRESS
.....
.....

DATE OF BIRTH

SEX OF CHILD Male Female

TELEPHONE NUMBERS

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 #.....

c) Employee of Credit Union

d) Child of Employee of Credit Union

Employee's Name

COURSE OF STUDY.....

NAME & ADDRESS OF INSTITUTION.....
.....PROPOSED PERIOD OF STUDY.....

CLOSING DATE: MONDAY, AUGUST 12, 2019