

FRANCIS J. CARASCO MEMORIAL SCHOLARSHIP
APPLICATION FORM
(Please Print)

NAME OF SHAREHOLDER :

SHARE ACCOUNT NO.

NAME OF APPLICANT :

Surname

Middle Name

Christian Name

AGE :	Date of Birth			Gender		Address:
	Day	Month	Year	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Telephone No. Email :
SCHOOLS ATTENDED						
PRIMARY			SECONDARY		TERTIARY	
SUBJECTS & GRADES ATTAINED						
CXC			GCE		GCE "A" LEVEL	

➤ PROPOSED COURSE OF STUDY:

NAME OF INSTITUTION:

➤ REASONS FOR PURSUING THIS COURSE (attach a separate page)

REFEREES NAMES

ADDRESS & TEL. NO.

OCCUPATION/POSITION

1.

2.

If application is approved, would you be prepared to return to St. Lucia to work with the Bank for a period of three years? Yes No

SIGNATURE :

DATE:.....

PLEASE NOTE THAT THIS FORM MUST BE SUBMITTED WITH THE FOLLOWING:- Curriculum Vitae including particulars of involvement in Sporting, Cultural, Religious, Community Development and Social Work Activities; Certified Copies of Certificates; Letters of Reference; Letters of Acceptance to pursue studies.