



1st National Bank St. Lucia Limited

P. O. Box 168, Castries

Phone: (758)7000

Fax: 758)453 1630

FERREL VICTOR CHARLES SCHOOL SCHOLARSHIP APPLICATION FORM

Name of Member:

.....

(Surname) (Christian Name)

Address:

Telephone Number: Home Cell Work

.....

Account Number

.....

Name of Student:

.....

Date of Birth:

.....

Gender: M [] F []

Relationship to Applicant: MOTHER FATHER LEGAL GUARDIAN

Is the child living with you? YES NO

.....

Primary School Attended:

.....

Common Entrance Score:

.....
Secondary School Assigned:

.....

Are you a current holder of a scholarship? YES NO

State Reasons why Scholarship should be granted to you.

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.....

I, the undersigned, hereby certify that the information herein is accurate and true and commit myself to abide to the adhere to the conditions stipulated by the Ferrell Victor Charles School Scholarship Programme.

Signature of Customer/ Shareholder

.....
Date
.....

FOR OFFICIAL USE ONLY

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Approved []

Disapproved []

Remarks

.....
.....
.....

Officer's Signature

Date

The following documents MUST accompany the completed application.

- ***Birth Certificate***
- ***Copy of Common Entrance Examination Results Slip***
- ***Recommendation Letter from Principal of your last School***
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