

Rudy John Sports Scholarship

Application Form

Deadline: September 15-2023

This two-year Bursary will be awarded based on the following criteria.

Scholarship Criteria

- 1. This bursary is valued at \$2, 500.00 annually to deserving students.
- 2. In granting this bursary, consideration is given to the applicant's general socio-economic situation and level of participation in the business and other activities of the Credit Union.
- 3. The student must:
 - a. have gained entry to Sir Arthur Lewis Community College, Ministry of Education Post-Secondary Division or A' Level of the Vieux Fort Comprehensive Secondary School as per attached copy of Acceptance Letter.
 - b. be a citizen of St. Lucia.
 - c. be under 25 years old.
 - d. have participated in a sporting discipline at the school or community level.
- 4. The applicant must:
 - a. have been a member of the Society for at least one year prior to the submission of this application.
 - b. not have any delinquent loans at the time of the application

Section 1: Student's Information

Name:			
Address:			
Gender: 🗌 Female 🗌 Male Date of Birth:			
Secondary School:			
Tertiary Institution Assigned:			
Sporting Discipline and Clubs:			
Section 2: Applicant's Information			
Name of Applicant:			
Address:			
Relationship to Student: 🗌 Parent 🗌 Guardian 🗍 Student 🗌 Other:			
Account Number: Contact Number:			
Email Address:			
Laborie Branch: Allan Louisy Street, Laborie Vieux Fort Branch: New Dock Road, Vieux Fort Website: www.mylaboriecu.com Tel: +1 758-459-6900 459-6925 Email: info@mylaboriecu.com			

Section 3: Household Information			
Total Number of Persons in the House	ehold: 1	Number of Pensioners:	
Number of Income Earners: Total Monthly Household Income:			
Occupations:			
Employers:			
Number of Children Attending:		Primary School:	
	Secondary School:	Tertiary Institution:	
Section 4: Form Checklist & Required Documents			
Section 1 to 3 of Form Completed			
Copy of CXC results			
Incomplete Application Forms will not be considered.			
I hereby warrant and confirm that the foregoing statements are true and correct and have been made by me knowing that you will place reliance on them when considering my application. You are hereby authorized to obtain any information you may require relating to this application from any source which you may apply and each such source is hereby authorized to provide you with such information.			
Signature of Applicant			
For Official Use Only. Do not Write Below this Line			
Status of Account: 🗌 In Good Standing	g 🗌 Delinquent	Dormant	
Comments of Reviewer:			
Committee's Decision:			
Status: Granted	🗌 Not-Grante	d	
Signatures:			
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