Jamaica Defence Force Co-operative Credit Union Ltd.

*Up Park Camp, Kingston 5. Jamaica W.I.*

*Telephone: (876) 926-3870, 926-8121-9 Extn. 2040-2045 Fax: (876) 960-5577*

**Treasure Chest Youth Account Scholarship**

**Application Form**

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| --- |
| MEMBER DETAILS |
| Account# | Surname | First Name | Middle Name |
| Employer | Address of Employer |
| Telephone Number (Work) | Mobile | Home |
| CHILD DETAILS |
| Surname | First Name | Middle Name |
| Account# | Date of Birth (DD/MM/YYYY) | Age | Education Level( ) Primary ( ) Secondary | Grade |
| Name of School | Address of School |
| PARENT/GUARDIAN DETAILS |
| **A** | Surname | First Name | Middle Name |
| Relationship to Child | Address |
| Telephone Number (Work) | Mobile | Home |
| **B** | Surname | First Name | Middle Name |
| Relationship to Child | Address |
| Telephone Number (Work) | Mobile | Home |

*I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby grant the JDF Co-operative Credit Union Limited, unlimited right to include my child’s name and/or photograph as a part of any of the organization’s promotional material or event should he/she become a recipient of the above-captioned scholarship.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *Signature (Parent/Guardian) Date*

 **Participant Agreement**

**INTERNAL USE ONLY Approved ( ) Not Approved ( )**

**Signature of Committee Members**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**