

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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**