OSOYOOS CREDIT UNION

BURSARY/SCHOLARSHIP APPLICATION FORM

Applications MUST be received by Osoyoos Credit Union by Crt kn45th.

1. Name			
2. Address			
3. Name(s)	of Parents/Guardians		
4. Parents/	Guardians Occupation((s)	
5. Number	of Brothers		Ages
6. Number	of Sisters		Ages
7. Estimate	ed family income for cu	rrent year (please inc	clude all sources) \$
8. Are you	or any of your family, n	nembers of Osoyoos	Credit Union?
9. What ins	stitution of learning do	you plan to attend?	
10. What p	rogram of studies do yo	u plan to following?	
brief expla	nation of your future	plans. Please also i	ons to your school and/or community and include your grade eleven and twelve lege or university with this application.
Applicant's	s Signature		Date
BE KEPT S THIS BURS	STRICTLY CONFIDEN	TIAL. IF YOU AGR AND AGREE TO TH	TAINED IN THIS APPLICATION WILL REE TO YOUR CHILD APPLYING FOR HE DISCLOSURE OF THE REQUIRED EASE SIGN.
Parent's/Gu	uardian's Signature		Date

After completing this application, please return it to the credit union with the additional required documentation via one of the following;

Email: contact@ocubc.com,

Mail: Osoyoos Credit Union P.O. BOX 360, 8312 Main St. Osoyoos BC, V0H 1V0

Drop off: 8312 Main St. in Osoyoos