OSOYOOS CREDIT UNION

BURSARY/SCHOLARSHIP APPLICATION FORM

Applications MUST be received by Osoyoos Credit Union by April 18th.

| 1. Name | | |
|-----------------------|--|---|
| 2. Address | | |
| 3. Email/Pl | none Number | |
| 4. Name(s) | of Parents/Guardians | |
| 5. Parents/ | Guardians Occupation(s) | |
| 6. Number | of Siblings | Ages |
| 7. Estimate | ed family income for current year (p | lease include all sources) \$ |
| 8. Are you | or any of your family, members of (| Osoyoos Credit Union? |
| 9. What ins | stitution of learning do you plan to a | attend? |
| 10. What pi | rogram of studies do you plan to foll | owing? |
| brief expla | nation of your future plans. Pleas | tributions to your school and/or community and se also include your grade eleven and twelve ized college or university with this application. |
| Applicant's | Signature | Date |
| STRICTLY BURSARY/S | CONFIDENTIAL. IF YOU AGRE | NTAINED IN THIS APPLICATION WILL BE KEPT E TO YOUR CHILD APPLYING FOR THIS THE DISCLOSURE OF THE REQUIRED PLEASE 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