

**FRANCIS J. CARASCO MEMORIAL SCHOLARSHIP**  
**APPLICATION FORM**  
**(Please Print)**

NAME OF SHAREHOLDER :

SHARE ACCOUNT NO.

NAME OF APPLICANT : .....

Surname

Middle Name

Christian Name

AGE :	<i>Date of Birth</i>			<i>Gender</i>		Address:
	Day	Month	Year	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Telephone No.  Email :
<b>SCHOOLS ATTENDED</b>						
PRIMARY			SECONDARY		TERTIARY	
<b>SUBJECTS &amp; GRADES ATTAINED</b>						
CXC			GCE		GCE "A" LEVEL	

➤ PROPOSED COURSE OF STUDY:

NAME OF INSTITUTION:

➤ REASONS FOR PURSUING THIS COURSE (*attach a separate page*)

REFEREES NAMES

ADDRESS & TEL. NO.

OCCUPATION/POSITION

1.

2.

If application is approved, would you be prepared to return to St. Lucia to work with the Bank for a period of three years?       Yes                       No

SIGNATURE : .....

DATE:.....

**PLEASE NOTE THAT THIS FORM MUST BE SUBMITTED WITH THE FOLLOWING:-** Curriculum Vitae including particulars of involvement in Sporting, Cultural, Religious, Community Development and Social Work Activities; Certified Copies of Certificates; Letters of Reference; Letters of Acceptance to pursue studies.