



APPLICATION FOR SCHOLARSHIPS

NAME _____

ADDRESS _____

ACCOUNT # AT CREDIT UNION _____

OR

NAME AND # OF PARENTS OR GUARDIAN _____

SCHOOL PRESENTLY ATTENDING _____

SCHOOL ATTENDING IN SEPTEMBER _____

PLEASE INCLUDE A TRANSCRIPT OF YOUR RECENT MARKS.

Main Branch

598 Main Street
Glace Bay, NS B1A 4X8

Tel (902)-849-7512
Fax (902)-842- 9201