CHOISEUL CO-OPERATIVE CREDIT-UNION SCHOLARSHIP APPLICATION FORM. COMMON ENTRANCE EXAMINATION.

CHILD'S NAME:	
(SURNAME)	(CHRISTIAN NAME)
ADDRESS:	
SEX: MALE FEMALE	
TELEPHONE:	
NAME OF PARENT OR GUARDIAN:	10-11-1
RELATIONSHIP: DAUGHTER	. SON
PASS BOOK No.	
NAME OF PRIMARY SCHOOL ATTENDED BY STUDENT	
TOTAL MARK OBTAINED IN EXAMINATION	T :
SCHOOL TO BE ATTENDED:	
I the undersign do testify that the information therin is accurate and true.	
	Signature of Parent and Applicant.
	Spanned of I arent and Applicant.

FOR OFFICIAL USE ONLY.	
APPROVED DIS	
DIS	APPROVED
REMARKS:	
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OFFICE AT STORY	
UPPICIAL SIGNATURE:	DATE OF RECEIPT: