



**BARBADOS TEACHERS' CO-OPERATIVE CREDIT UNION LIMITED**

**CORA WALDRON SCHOLARSHIP**

Applications are invited for the **Cora Waldron Scholarship**  
for the Academic Year **August 2023-August 2024**.

This scholarship is open to members of the **Barbados Teachers' Co-operative Credit Union Limited**, and their children or wards.

The Scholarship is for one (1) year.

Applicants must be enrolled in a course of study at an educational institution in Barbados or overseas **and must be no older than 45 years**.

Applicants must state their names, addresses, telephone numbers, and status within the Credit Union and indicate why this Scholarship would be beneficial to them.

All Applicants **MUST** complete an application form

Application forms can be collected from the office of the Barbados Teachers' Co-operative Credit Union Limited and must reach the office.

***NB: Applicants must be members of the Credit Union for at least one (1) year.***

**no later than 31 August 2023 at 4:30 pm.**

*All Applications should be addressed to:*

**The Cora Waldron Scholarship Committee  
C/o The Barbados Teachers' Co-operative Credit Union Ltd.  
"John W. Lovell Building"  
Lower Collymore Rock  
St. Michael**



**BARBADOS TEACHERS' CO-OPERATIVE CREDIT UNION LTD.**  
"THE JOHN W. LOVELL BUILDING"  
LOWER COLLYMORE ROCK, ST. MICHAEL BB11115, BARBADOS, W.I.  
TEL.: (246) 426-3657 FAX: (246) 437-3499

Email Address: [info@barteachcredit.com](mailto:info@barteachcredit.com)

Website: [www.barteachcu.com](http://www.barteachcu.com)

**CORA WALDRON SCHOLARSHIP APPLICATION FORM**

Applicant's Name: .....

Applicant's Credit Union Account Number: .....

Address: .....

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Date of Birth: ..... Age of Applicant: .....

Gender: (Tick appropriate box)

Male:  Female:

Email Address: .....

Telephone Number: (Home) .....

(Work) .....

(Cell) .....

Parent's Name: .....

Parent's Credit Union Account Number: .....

Parent's Address: .....

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Telephone Number: (Home) .....

(Work) .....

(Cell) .....

Email Address: .....

Name of Institution Applicant is/will be attending: .....

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Course of Study: .....

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Supporting Documentation: .....

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How will this Scholarship help in your course of study?

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Date Submitted to the Credit Union's Office: .....

**N.B. Applications forms must reach the office,  
no later than August 31, 2023 at 4:30 p.m.**

**Please attach supporting documentation with this form and all applications  
should be addressed to**

**The Cora Waldron Scholarship Committee  
C/o The Barbados Teachers' Co-operative Credit Union Ltd.  
"John W. Lovell Building"  
Lower Collymore Rock  
St. Michael**