



CUCHULLAIN
Credit Union

PAUL THORNTON MEMORIAL BURSARY

ENTRY FORM

ACCOUNT NO:	
MEMBER NAME:	
ADDRESS:	
PHONE / MOBILE:	
FAMILY MEMBER: (if you are not)	
NAME:	
ADDRESS:	
COLLEGE NAME:	
COURSE:	
ACADEMIC YEAR:	

I UNDERSTAND THAT THE BOARD OF DIRECTORS DECISION IN ALL MATTERS RELATING TO THE BURSARIES IS FINAL AND I WISH TO HAVE MY APPLICATION CONSIDERED:

SIGNED: _____

DATE: _____