



SCHOLARSHIP APPLICATION

**PLEASE PRINT
IN INK**

PERSONAL

SCHOLARSHIP APPLYING FOR:	NAME: (LAST) _____ (FIRST) _____ (MIDDLE) _____
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TEL: (HOME) _____	PHYSICAL ADDRESS _____	POSTAL ADDRESS _____
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SOCIAL SECURITY NUMBER: _____ SEX: MALE _____ FEMALE _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
Day/Month/Year

CITIZENSHIP: _____ PASSPORT NUMBER: _____

PROGRAM OF STUDY	NAME OF SCHOOL OR INSTUTION OFFERING THIS PROGRAM
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TELEPHONE NO	PHYSICAL ADDRESS _____	POSTAL ADDRESS _____
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LENGTH OF PROGRAM OF STUDY: from _____ to _____
Day Month Year Day Month Year

Please provide specific information on your proposed course of studies. A descriptive brochure or other information which identifies specific course(s) and cost must be included.

EDUCATION & TRAINING

HIGH SCHOOL (*CERTIFICATE ATTAINED*) ADDRESS Graduated: Yes No
 YEAR: _____

LIST ANY OTHER EDUCATION, TRAINING, SPECIAL SKILLS, OR CERTIFICATE/LICENSES THAT YOU POSSESS:

LIST ANY LANGUAGES THAT YOU FLUENTLY:

SPEAK: _____ READ: _____ WRITE: _____

REFERENCES

LIST TEACHERS OR GUIDANCE COUNSELORS NAMES WHO ARE FAMILIAR WITH YOU WITHIN THE PAST THREE YEARS BUT NOT RELATED TO YOU:

NAME KNOWN	TITLE	INSTITUTION	PHONE	YEARS

EXPERIENCE (If applicable)

NAME OF EMPLOYER		TYPE OF BUSINESS	
PHYSICAL ADDRESS		POSTAL ADDRESS	PHONE ()
DATES EMPLOYED	STARTING TITLE	LAST TITLE	
FROM	TO		
NAME AND TITLE OF SUPERVISOR		STARTING SALARY \$ _____	WAS EMPLOYMENT
		LEAVING SALARY \$ _____	FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>
			SUMMER <input type="checkbox"/>

BRIEF DESCRIPTION OF DUTIES

DRIVERS

DO YOU HAVE A VALID
DRIVER'S LICENSE?

Yes No

IF YES, LICENSE NO. AND CLASS: _____

OTHER ACTIVITIES

HOBBIES – OTHER INTERESTS: _____

MEMBERSHIP IN ASSOCIATIONS: _____

RELIGION: _____

COMMENTS

LIST ANY COMMENTS OR QUALIFYING STATEMENTS YOU CARE TO MAKE

DECLARATION OF APPLICANT

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.

I have read the instructions, and declare that all information is true and complete and I understand it is subject to audit. I agree to fulfill the commitments of any award made pursuant to this application. I agree to allow my name and study plans to be released publicly if I receive this award. I authorize the release and exchange of my personal information by and between BVI Electricity Corporation and the institution for the use in research and statistical analysis or in program evaluation. I understand that any false information contained in this application may result in my disqualification or discharge.

Signature of Applicant _____

Date _____

PLEASE ENSURE YOUR APPLICATION IS COMPLETE, AND LEGIBLE. ENSURE THAT YOUR ESSAY IS EASY TO READ AND UNDERSTAND.