

## APPLICATION FOR STUDENT BURSARY

Upon completion of this Form please return it to:-

Alison Hawkins, HR Manager  
BWCI Group  
PO Box 68  
Albert House  
South Esplanade  
St Peter Port  
Guernsey  
GY1 3BY

E-mail : [ahawkins@bwcigroup.com](mailto:ahawkins@bwcigroup.com)

### 1 PERSONAL DETAILS *(Please print in BLOCK LETTERS)*

Surname

First name

Address

  
  
  

Postcode

Telephone

Mobile

E-Mail

Place of birth

Date of Birth

*dd / mm / yyyy*

Do you have full local residential status? *(please tick as appropriate)*

Yes

No

APPLICATION FOR STUDENT BURSARY *(Continued)*

## 2 SECONDARY / FURTHER EDUCATION

Name of School/College	From	To	Subject and Level	Grade	Date

Detail any scholarships, awards or prizes won at school

## 3 FUTURE HIGHER EDUCATION INTENDED

Name of University	Degree and Title	Start Date
		<input type="text"/>
		Duration <input type="text"/>

#### 4 EMPLOYMENT RECORD *(If none state "None")*

Employers Name and Address  
(Most recent first)

Job Title and Start and  
Finish Dates  
(Most recent first)

Main Duties and Responsibilities

#### 5 REFERENCE *(Please print in BLOCK LETTERS)*

Please give one of your school tutors as a referee. A reference will only be requested if your application is successful

Surname

Forename(s)

Address

Postcode

Telephone

Occupation

APPLICATION FOR STUDENT BURSARY *(Continued)*

## 6 ADDITIONAL INFORMATION

**Briefly describe:-**

1. A specific task or project that you found challenging. Why was it a challenge? How did you overcome this?  
What was the end result? What did you learn from this experience? (Max 350 words)
2. What do you expect to learn from your experience at BWCI? (Max 150 words)

*Please use a continuation sheet if necessary*

## 7 DECLARATION

To the best of my knowledge and belief the particulars given on this form are correct and complete.

Signature

Date