

APPLICATION FOR STUDENT BURSARY

Upon completion of this Form please return it to:-

Kayley Bostock, HR Administrator
BWCI Group
PO Box 68
Albert House
South Esplanade
St Peter Port
Guernsey
GY1 3BY

E-mail : kbostock@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 data-bbox="1161 1921 1417 1973" type="text"/> Duration <input data-bbox="1161 2024 1417 2076" 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

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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