

Scholarship Application
Basil Charles Education Foundation 2024

CHILD'S NAME: _____

LAST SCHOOL ATTENDED: _____ AGE: _____

Boys/girls POSITION: _____ CEE POSITION: _____

ATTACH A COPY OF EXAM RESULTS

ADDRESS OF STUDENT _____

_____ TELEPHONE: _____

SECONDARY SCHOOL INTENDED: _____

NAME OF PERSON MAKING APPLICATION : _____

ADDRESS: _____

_____ TELEPHONE: _____

RELATIONSHIP TO STUDENT: _____

PARENT/GUARDIAN OF STUDENT: _____

STUDENT'S FAMILY FINANCIAL SITUATION : _____

STUDENT'S GOALS (to be completed by the student):

How I plan to do my best at school: _____

What I plan to do with my life when I complete school: _____

Date Completed: _____ **Date received:** _____

Please Note Applications must be completed in Full. Applications without complete information or missing CPEA result will not be reviewed.

Applications must be submitted by August 2nd 2024.