



BASIL CHARLES  
EDUCATIONAL  
FOUNDATION  
A Continuing Education Trust

## Scholarship Application Basil Charles Education Foundation 2025

**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:** \_\_\_\_\_

\_\_\_\_\_

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**NAME OF PERSON MAKING APPLICATION** : \_\_\_\_\_

\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**RELATIONSHIP TO STUDENT:** \_\_\_\_\_

**PARENT/GUARDIAN OF STUDENT:** \_\_\_\_\_

\_\_\_\_\_

**STUDENT'S FAMILY FINANCIAL SITUATION** : \_\_\_\_\_

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

**How I plan to do my best at school:** \_\_\_\_\_

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**What I plan to do with my life when I complete school:** \_\_\_\_\_

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**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 July 31st 2025.**