



SCHOLARSHIP APPLICATION PROGRAM

Student's Name:
Date of Birth (DD-MMM-YYYY): _____ - _____ - _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian's Name:
Address: Daytime Telephone Number: Email Address:
Name of Primary School:
Average at CPEA: _____ Position at CPEA (Gender): _____ Position at CPEA (Overall): _____
Signature of Parent/Guardian: _____ Date:

Please fill out the form above and email it to admiraltrans@vincysurf.com or drop it off at our office at Port Elizabeth, Bequia. The general manager will contact you for an interview.

Checklist for the interview:

- Student Birth Certificate
- CPEA Pass Slip
- 2 Recommendations
- Last Primary School Report