



Academic Scholarship Application Form

PERSONAL INFORMATION:

Student's Name:

Date of birth:

Home Address:

Phone Number:

Previous school attended:

Applying
for the Academic Year:

Year Group (BISB):

FATHER'S INFORMATION

Father's Name:

Mobile Number:

Email:

Home Address:

Employer – Company Name
and Contact Person:

Position at the Company:

Self-employed/
Entrepreneur – Name
of your company/ies:

MOTHER'S INFORMATION

Mother's Name:

Mobile Number:

Email:

Home Address:

Employer – Company Name
and Contact Person:

Position at the Company:

Self-employed/
Entrepreneur – Name
of your company/ies:

FINANCIAL INFORMATION:

How many people live
in your household?

During the last year,
how much was your total
yearly household income
(before taxes and expenses)

ACADEMIC DETAILS:

Name and address
of your current school:

Name of your Class Teacher
(if you have more than one teacher, please provide details for the one with whom you have most regular contact):

Email Address:

Contact
Telephone Number:

Which are your favourite subjects?

In which subjects you receive the best results (grades)?

Have you participated in any academic school events/competitions/presentations?
If yes, please state below and level/results you achieved.

Have you participated in any regional or internationally recognised competitions?
If yes, please state below and level/results you achieved.

REFERENCE:

Please provide details of one person qualified and willing to act as referees e. g. class teacher, subject teachers, Principal, deputy, etc.

Name:	Name:
Position:	Position:
Telephone Number:	Telephone Number:
Email Address:	Email Address:

WARNING: PROVIDING FALSE AND/OR INCOMPLETE INFORMATION MAY JEOPARDIZE A STUDENT'S SCHOLARSHIP APPLICATION AND CAN BE CANCELLED ANYTIME DURING THE STUDENT'S STUDY AT BISB.

DECLARATION:

WE DECLARE THAT INFORMATION ON THIS FORM IS TRUE, CORRECT AND COMPLETE. THE BISB HAS OUR PERMISSION TO VERIFY THE INFORMATION REPORTED BY OBTAINING DOCUMENTATION AS NEEDED.

Father's signature:	Mother's signature:
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FOR OFFICAL USE ONLY:

Scholarship Granted:
Amount (%):
Comments:
Admission Officer Signature:
Date: