SOCIETE JER siaise SCHOLARSHIP APPLICATION FORM

Full Name ________________________________________________________________

Date and Place of Birth ____________________________________________________

Present Postal Address _____________________________________________________
___________________________________________________________________________

Telephone Number __________________________________________________________

Email Address ______________________________________________________________

Present Place of Education ___________________________________________________

Course Title ________________________________________________________________

Probable Period of Study _____________________________________________________

Details of any other Grant or Scholarship Received ______________________________
___________________________________________________________________________

Which Scholarship are you applying for? ________________________________________

Should you be awarded a scholarship, to what use would you put the Grant? _________
___________________________________________________________________________

References (at least 2) _________________________________________________________
___________________________________________________________________________

___________________________________________________________________________

Please return this form to 7 Pier Road, St Helier, Jersey, JE2 4XW

or email info@societe-jersiaise.org