



**FREEPORT CONTAINER PORT LIMITED  
FREEPORT HARBOUR COMPANY LIMITED**

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Please complete all sections of this application. The deadline date for submission is June 30<sup>th</sup>.

**SECTION 1 – PERSONAL INFORMATION**

<b>Name:</b>  (Surname, First Name, Middle Name)	<b>Date of Birth:</b>
<b>Place of Birth:</b>	<b>Male or Female:</b>
<b>Residential Address:</b>	<b>Postal Address:</b>
<b>Home Phone No.:</b>	<b>Cell Phone No.:</b>
<b>Email Address:</b>	<b>Alternate Email Address:</b>

## SECTION 2 – ACADEMIC INFORMATION

High School last attended:

\_\_\_\_\_ GPA \_\_\_\_\_

College, University or Specialized School previously attended and address:

\_\_\_\_\_  
\_\_\_\_\_

Are you presently attending College of University: YES \_\_\_\_ NO \_\_\_\_ If yes, number of terms/semesters completed?

Name and Address of College/University for which you are seeking this scholarship:

\_\_\_\_\_  
\_\_\_\_\_

Anticipated date of enrollment: \_\_\_\_\_

PROPOSED COURSE OF STUDY/MAJOR: a) Associate Degree \_\_\_\_\_

b) Bachelor's Degree \_\_\_\_\_

Only the following disciplines will be considered:

- Engineering – Chemical/Mechanical/Electrical/Environmental
- Information Technology/Cyber Security
- Business/Commerce
- Accounting/Finance
- Health & Safety
- Human Resources
- Marine

Please write a brief synopsis stating reasons for pursuing course of study and future career plans.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE LIST AND ATTACH COPIES OF ACADEMIC CERTIFICATES**

**BGCSE**

SUBJECT	DATE TAKEN	RESULTS

**ASSOCIATE DEGREE OR CERTIFICATIONS (IF APPLICABLE)**

COLLEGE	DATE	MAJOR	GPA

### SECTION 3 – FINANCIAL INFORMATION

Has student applied for or intends to apply for any other scholarships? YES\_\_\_\_\_ NO\_\_\_\_\_

Has student received any other scholarship award(s)? If yes, state amount and give full particulars:

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#### INCOME STATEMENT

Father's Name:\_\_\_\_\_

Place of Employment:\_\_\_\_\_

Occupation:\_\_\_\_\_

Annual Salary:\_\_\_\_\_

Mother's Name:\_\_\_\_\_

Place of Employment:\_\_\_\_\_

Occupation:\_\_\_\_\_

Annual Salary:\_\_\_\_\_

Applicant (If employed):\_\_\_\_\_

Place of Employment:\_\_\_\_\_

Occupation:\_\_\_\_\_

Annual Salary:\_\_\_\_\_

I hereby certify that the Income Statement shown above is true and correct.

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(Please print name) Parent/Guardian

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Signature

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Date

*Please note: Forms that are partially filled out will not be considered. Completed forms should emailed to:*  
[sturup-bosfield.thelma@fcpbahamas.com](mailto:sturup-bosfield.thelma@fcpbahamas.com).