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EoC
CUIB CAMEROON

APPLICATION FORM

BUEA DIOCESE NURSERY AND PRIMARY SCHOOL TEACHERS CHILDREN SCHOLARSHIP

CANDIDATE'S INFORMATION

Surname: _____**Other Names**: _____

Date of Birth: __/ __/ ____ **Place:** _____ **Gender:** Male ☐ Female ☐

Tel No.: _____ - ____ - ____ **Email:** _____

PARENT'S INFORMATION

Name of Parent who is a Catholic Teacher: _____

Name of Nursery or Primary School: _____

Name of Head-teacher: _____**District:** _____

(Parent, please attach copy of your Birth Certificate)

CBT Program you are applying for: _____

EDUCATIONAL BACKGROUND

GCE O' LEVEL / PROBATOIRE		GCE A' LEVEL /BACCALAUREAT	
SUBJECT	GRADE	SUBJECT	GRADE

(Student, please attach copy of Birth Certificate as well as O' Level and A' Level Certificates)

Declaration: By Candidate

I, _____hereby declare that all the information I have given is true. I have read the general conditions of award of this scholarship and agree with them. I also understand that the Scholarship may be terminated at any time for reasons of unsatisfactory conduct, progress, or attendance.

Signature: _____ Date: ___/ ___/_____