

**BERMUDA IS LOVE
SCHOLARSHIP PROGRAM 2022
APPLICATION FORM**



DETAILS OF APPLICANT

APPLICANT'S FULL NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH/NATIONALITY: _____

BERMUDIAN STATUS:

YES NO

FULL ADDRESS: _____

TELEPHONE NO: _____

EMAIL ADDRESS: _____

NAME OF INTENDED COLLEGE, UNIVERSITY, OR INSTITUTION :

**NAME OF INTENDED ASSOCIATE, UNDERGRADUATE, POSTGRADUATE DEGREE, OR
COURSE:**

**PLEASE EMAIL YOUR COMPLETED APPLICATION FORM, WITH YOUR 500-WORD ESSAY TO
BERMUDAISLOVE@GMAIL.COM. THE APPLICATION DEADLINE IS 1 MAY 2020.**

SIGNATURE OF APPLICANT: _____ **DATE:** _____