



Bermuda Biological Station for Research Bermuda Programme Application Form

Please print and complete this application form and mail or fax it to the following address by **April 15:**

JP Skinner, Education Officer
Bermuda Biological Station for Research
Ferry Reach, St. George's GE 01
Bermuda
Tel: (441) 297-1880 ext. 241 • Fax: (441) 297-8143
E-mail: skinner@bbsr.edu

Name (full): _____

Application Date: _____

Sex: Male Female

Nationality: _____ **Date of Birth:** _____

(must be Bermudian to qualify)

(must be 16 yrs to qualify)

Present Address: _____

Phone: _____ **Fax:** _____

E-mail: _____

Dates that you may be contacted at the above address: _____

Permanent Address: _____

Phone: _____ **Fax:** _____

E-mail: _____

Dates that you may be contacted at the above address: _____

Have you applied previously? Yes No

Educational Standing (eg. sophomore): _____

Major: _____

Overall GPA: _____

Major GPA: _____

EDUCATIONAL BACKGROUND & WORK EXPERIENCE: Ensure the following information is covered in your c.v.: a summary of your educational background, degrees received or currently enrolled for, major areas of study, etc. Describe any relevant science/field courses and relevant work experience. Use the space below if additional room is required.

SPECIAL SKILLS: Please describe any special skills that may be relevant to your interests in the Bermuda Programme, e.g. use of specialized scientific equipment, SCUBA certification levels and years certified, computer skills, art and graphics work, electronics background, etc.

OTHER INTERESTS AND ACHIEVEMENTS:

CAREER PLANS AND GOALS:

REASONS FOR WANTING TO PARTICIPATE IN THE BERMUDA PROGRAMME AT BBSR:

Please send the following support materials with your application. We will begin notification on May 15.

1. Your Curriculum Vitae (personal resume)
2. Current transcripts
3. Two letters of recommendation; one of which to be from someone competent to judge your academic abilities. Please provide the names and contact number of both these individuals.

NAME: _____ TEL #: _____

NAME: _____ TEL #: _____