



MINISTRY of EDUCATION
YOUTH & INFORMATION

**Tertiary Students' Assistance Programme
EMANCIPATION SCHOLARSHIPS
APPLICATION FORM**

NAME _____

FOR YEAR _____

INSTITUTION _____

SPECIALISATION _____

OFFICE USE ONLY
REFERENCE NUMBER

The Ministry of Education, Youth & Information will award scholarships to, first and second year University students who are desirous of pursuing a Bachelor Degree in any Faculty at the University of the West Indies and the University of Technology.

Applicants should make their own application to the U.W.I./U-Tech for admission.

Each candidate should complete two (2) copies of this form - either type written or legible written in BLOCK CAPITALS. The scholarship award is valid for the academic year immediately following the offer of the award and cannot be deferred for any reason.

Incomplete applications will not be accepted.

Supporting documents to be submitted are:-

- (i) Two recent passport size photographs.
- (ii) Certified copy of your birth certificate or evidence of date of birth.
- (iii) Certificate of domicile signed by a J.P. or Minister of Religion or other reputable member of the community.
- (iv) Certificate of fitness from a Registered Medical Practitioner.
- (v) Certificate of Character signed by member of the community e.g. Education Officer, Principal, Minister of Religion or Justice of the Peace.
- (vi) Certified copies of Educational Qualification and current progress report if attending University.
- (vii) Evidence of acceptance/application at U.W.I. or U-Tech.

viii) Letter of approval from Chief Personnel Officer (in case of applicants in the Civil Service).

CONDITIONS

Candidates should be:-

- (a) Jamaican citizens, domiciled in Jamaica during the last five years.
- (b) Under twenty five (25) years old on the first of **August 2020**.
- (c) Pursuing or about to pursue full-time undergraduate study at the University of Technology or the University of the West Indies.
- (d) Candidates will be required to enter into a bond to work in Jamaica and work in a Government owned institution for a period not exceeding five (5) years.

Completed forms and scanned copies of supporting documents must be submitted within the stated timeline via email to scholarships@moey.gov.jm. The subject line of the email MUST contain the name of the scholarship for which the application is being made.

N.B. Only shortlisted applicants will be contacted.

1. Name in full

(BLOCK CAPS)	SURNAME	NAMES	MIDDLE INTIAL
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2. Nationality and Citizenship _____ E-mail address _____

3. Place and date of birth

4. State period of residence in Jamaica

5. Marital Status: _____ (b) No. of children: _____

6. Address for correspondence about this application _____

_____ Tel: _____

7. Permanent address if not the same as above _____

8. Parents' Name (Mother) _____ (Father) _____

DATE	EXAMINATION	SUBJECTS	STATE LEVEL (ADVANCE, ORDINARY, PRINCIPAL OR SUBSIDIARY)	RESULTS (DISTINCTION, CREDIT, PASS or FAIL

10. Academic Distinctions or awards _____

11. Other distinctions gained _____

12. Occupation or employment _____

13. Extra-Curricular Activities while at school _____

14. Leadership positions held (a) at school _____

(b) Since leaving school _____

15. Kindly state activities and interest (besides academic)

16. Proposed future occupation. _____

17. Proposed course of study _____ Duration _____

18. Have you been accepted by U.W.I./U-Tech: Yes No

19. Are you presently attending U.W.I./U-Tech: Yes No

20. State period which you expect scholarship to cover _____

21. Name two persons from whom confidential reference about you may be had. They should be persons under whom you have studied.

NAME	POSITION	INSTITUTION & ADDRESS
-----	-----	-----
-----	-----	-----
		Tel: -----
-----	-----	-----
-----	-----	-----
		Tel: -----

Detach the referee form attached and submit to the persons listed above. (21)

22. In not more than 200 words, state the reasons why you feel you should be granted this Scholarship.

MINISTRY OF EDUCATION, YOUTH & INFORMATION

STATE THE SCHOLARSHIP BEING APPLIED FOR

_____ Scholarship

LETTER OF REFERENCE: ACADEMIC/PROFESSIONAL

SECTION A

TO APPLICANT: Please print your name in the space below. This form must be completed by your referee and returned to you to be submitted with the application form.

_____ is applying for scholarship
NAME IN FULL

To study _____ and requests that you complete this evaluation.

SECTION B

TO REFEREE

- 1. The referee report is confidential; please return the completed report to the applicant in a sealed envelope with your signature across the flap.**
- 2. On this scale, make your ratings on the basis of your academic experience with the Applicant:**

	Average		Good		Excellent
	Top 50%	Top 25%	Top 10%	Top 5%	Top 2%
Academic Capability	_____	_____	_____	_____	_____
Intellectual Potential	_____	_____	_____	_____	_____
Creativity & Originality	_____	_____	_____	_____	_____

- 3. Describe the applicant's academic strengths, work responsibilities, and outstanding achievements.**

4. How long and in what capacity have you known the applicant? _____

Name _____ Signature _____

Occupation _____ Qualification/Position _____

Address _____ Date _____

Email _____ Telephone _____

NOTE:

Please reply promptly as your failure to submit a report or late submission of your report will prevent a sound assessment of the candidate.