MINISTRY of EDUCATION
YOUTH & INFORMATION

TERTIARY STUDENTS ASSISTANCE PROGRAMME
MATH SCIENCE & TVET SCHOLARSHIP PROGRAMME
APPLICATION FORM

FOR YEAR _____

INSTITUTION _____

SPECIALISATION _____

OFFICE USE ONLY **REFERENCE NUMBER**

The Ministry of Education, Youth & Information will award scholarships to, first and second year college students who are desirous of pursuing a Bachelor Degree in Secondary Mathematics Education, Science Education or Technical Vocational Education and persons pursing programmes of study approved under the programme.

GENERAL INFORMATION

A. SUPPORTING DOCUMENTS

1. Valid evidence of Acceptance/Registration Letter from the institution you applied to (must be available at interview)
2. Certified copies of transcripts or certificates
3. Two (2) Reference Letters
4. Two (2) Passport size photographs
5. Certified copy of Birth Certificate
6. Valid TRN

B. CONDITIONS

The holder of the award:

1. Will be bonded to teach in the Government Educational Institution for Five (5) years in the event they are pursuing a programme of study in education. Successful applicants pursuing programmes of study in courses outside of education will be bonded to work in Jamaica for five (5) years
2. Continuance of the Award is subject to the successful candidates' satisfactory performance maintain a "**B" average or a 3.0 GPA**

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.

C. PERSONAL INFORMATION

1. Name: _____ _____ _____

   First Name Middle Name Last Name

2. Please tick box: Male ☐ Female ☐

3. TRN _____

4. Address:_____

5. Mailing Address: (If different from above)_____

6. Email Address: _____

7. Telephone: (Lime)_____ (Digicel) _____ (Home) _____

8. Date of Birth: _____ _____ _____ _____

   Month Day Year Place of Birth

9. Nationality: _____ Marital Status: _____ No. of Children _____

10. Mother's Name: _____ Father's Name: _____

11. Address: _____ Address: _____

12. Occupation: _____ Occupation: _____

13. Telephone: _____ Telephone: _____

14. Educational Record (Beginning with the most recent) and Academic Qualifications

Schools Attended	**Years (From-To)**	**Qualification (CXC/CAPE)**	**Grades**

15. Work Experience

Institution	Year	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. Are you permanently employed to the institution? ☐ Yes ☐ No

17. In not more than 200 words, state the benefits you hope to gain from this successful training.

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18. Have you ever been awarded any Scholarships, Grants or Loans? (If yes please provide details)

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19. Please state the area of specialisation you intend to pursue:
_____

20. Have you applied to an institution: ☐ Yes ☐ No

21. State the name of the institution: _____

22. If awarded scholarship, would you need funding for Boarding? ☐ Yes ☐ No

(Funding for boarding can only be provided if the student is boarding on the campus of the institution or in a facility organised for this purpose by the institution. **Please note that for budget management purposes you will NOT be able to make changes to this component of the award once it has been granted**)

23. List Two (2) persons from whom confidential reference about you may be had

Name: _____ Name: _____

Occupation: _____ Occupation: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Applicant's Signature: _____

Date: _____