

POVERTY REDUCTION PROGRAMME (PRP IV)



TERTIARY SCHOLARSHIP (TS) APPLICATION FORM Please Complete All Sections



EUROPEAN UNION



JAMAICA SOCIAL INVESTMENT FUND

SECTION A: APPLICANT'S DETAILS

Last Name		First Name		Sex	Date of Birth		
					Day	M	Year
Permanent Address (State clearly)						Community	
Telephone Number (Home)		Mobile (Cell)		Email			
Taxpayer Registration Number (TRN)		Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you previously been employed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state gross income _____ per month					

Please give details for two Next of Kin

Name: _____ Address: _____ Telephone: _____ Relationship to Applicant: _____ Does this person live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If your next of kin is employed, please indicate monthly salary range: \$0.00 - \$19,999.00 <input type="checkbox"/> \$20,000.00 - \$39,999.00 <input type="checkbox"/> Over \$40,000.00 <input type="checkbox"/> Unemployed <input type="checkbox"/>	Name: _____ Address: _____ Telephone: _____ Relationship to Applicant: _____ Does this person live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If your next of kin is employed, please indicate monthly salary range: \$0.00 - \$19,999.00 <input type="checkbox"/> \$20,000.00 - \$39,999.00 <input type="checkbox"/> Over \$40,000.00 <input type="checkbox"/> Unemployed <input type="checkbox"/>
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SECTION B: SOCIO-ECONOMIC BACKGROUND

How many persons are in your household? _____

Number of Siblings attending School _____

State the number of persons employed in your household: _____

Occupation of Parent/Guardian _____

Please tick the total monthly income range that applies to your household:

\$0.00 - \$19,999.00

Over \$40,000.00

\$20,000.00 - \$39,999.00

SECTION C: EDUCATIONAL BACKGROUND

* Tertiary Institution in which you are enrolled: _____

**Course of Study: _____

Indicate what year you are enrolling in for the 2016/2017 school year:

1st year 2nd year 3rd year 4th year

****What is the Tuition Fees for the 2016-2017 School Year \$ _____

Please attach letter from the institution confirming your fees for 2016-2017

**** Please note that the PRP funding does not include programmes in Law, Dentistry Medicine or Nursing nor does it include costs associated with room and board.**

Please provide an authentic copy of your transcript issued by the institution, outlining grades from the year of commencement to present.

SECTION D: PREVIOUS FUNDING ASSISTANCE

Are you a previous PRP scholarship recipient? Yes No

Will you be receiving funding assistance through a student loan? Yes No

Will you be receiving funding assistance from any other source? Yes No

If yes, please indicate below the source and the amount:

Amt:	Source
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Have you applied to any other institution/organization for a scholarship

Yes No

If yes, please state the institution and the amount

Institution/Organization	Amount \$

SECTION E: COMMUNITY INVOLVEMENT/PARTICIPATION

List activities that you are or were involved in and the organizations responsible.

Please attach ORIGINAL letter or recommendation from organizations listed

Activities	Community organization
1	
2	
3	
4	

Activities	Community organization
1	
2	
3	
4	

SECTION F: CHECKLIST OF SUPPORTING DOCUMENTS

Please review checklist to ensure that you complete all requirements for your application to be considered

	Your check	JSIF only
Completed Application (signed)	<input type="checkbox"/>	<input type="checkbox"/>
Last Academic Report or Certified transcript to current period	<input type="checkbox"/>	<input type="checkbox"/>
Letter of recommendation	<input type="checkbox"/>	<input type="checkbox"/>
Tuition fee ORIGINAL letter or invoice	<input type="checkbox"/>	<input type="checkbox"/>
Proof of family income	<input type="checkbox"/>	<input type="checkbox"/>
Letter of confirmation for community involvement or volunteer activity	<input type="checkbox"/>	<input type="checkbox"/>
Letter confirming there are no outstanding fees	<input type="checkbox"/>	<input type="checkbox"/>
Certified passport-sized picture	<input type="checkbox"/>	<input type="checkbox"/>

SECTION G: TERMS AND CONDITIONS

Please note that if you are successful in acquiring this scholarship you will be required to participate in PRP visibility (interviews, testimonials etc.) or Monitoring and Evaluation exercises.

I hereby confirm that the information provided above is accurate and that I agree to and accept the terms and conditions laid out in section G.

Signature: _____

Date: _____

**APPLICATION DEADLINE:
4.00 PM July 15,, 2016**

**In Montego-Bay
SDC Office
Albion Community Centre
1 Albion Road, Montego Bay**

**In Kingston
Jamaica Social Investment Fund
The Dorchester
11 Oxford Road (Entrance on Norwood Avenue)**