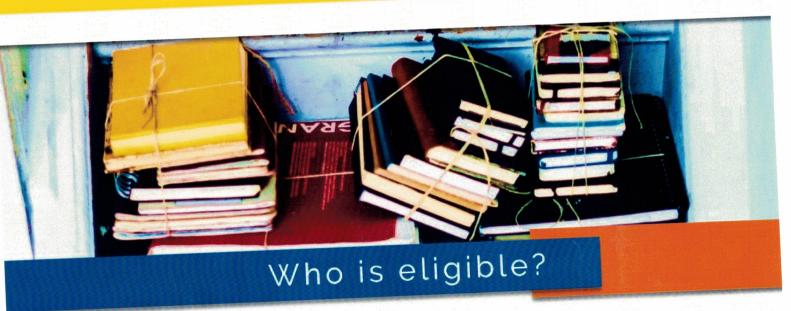
DOUGLAS SAMUELS MEMORIAL SCHOLARSHIP







- ✓ Tertiary level full-time undergraduate students:
 - Pursuing a Diploma or Degree in: Education, Guidance and Counselling, the Arts, and Theology, in any accredited educational institution in Jamaica
 - Maintaining a B average
 - Demonstrating financial need

Applications Close: May 31, 2018

Application forms are available at your institution's financial aid office, and also from the Mona Baptist Church Office – 4-6 University Meadows (Opposite UTech).

MONA BAPTIST CHURCH DOUGLAS SAMUELS MEMORIAL SCHOLARSHIP APPLICATION FORM

Instructions

Before completing this form, please read the stipulations laid out below.

- (i) Only **full-time** students **going into final year** in Education, Guidance and Counselling, the Arts, and Theology are eligible.
- (ii) Candidates must have a minimum B average in academic performance.
- (iii) Candidates should be Jamaican citizens domiciled in Jamaica for the last five years.
- (iv) Each candidate should complete one copy of this form.
- (v) The following documents must be submitted with the application:
 - Transcript or certified copy of the latest progress report.
 - Reference form completed by current educational institution, e.g. Principal, Head of Department or Programme (in sealed envelope)
 - Reference form completed by Pastor/Priest (in sealed envelope)
- (vi) The completed application form, along with required documents, should be submitted by **May 31**, at 4:00 p.m. to the Secretary, Mona Baptist Church, 4-6 University Meadows, Kingston 6 (Opposite UTech).

Biographical Informat 1. Name (Mr./ Mrs./Mi	tion ss)		
	First	Middle	Surname
2. Permanent Address			
3. Mailing Address .			
4. Telephone# .		(h)	(c)
5. E-mail Address .			
6. Place and Date of Bi	rth	Day/Month/Y	ear//
7. Nationality			
8. Marital Status:	Single Married	Divorced .	Widowed
9. Name of Spouse			
10. Occupation of spot	use		
11. Number of children	n Ages of	children	

12. Mother's/Guardia	an's Name	• • • • • • • • • • • • • • • • • • • •		
13. Mother's/Guardia	an's Occupation		•••••	
14. Father's Name				
15. Father's Occupat	ion			
16. Number of siblin	gs Ages of s	siblings		
Educational Backgr	round attended, beginning with	the curren	nt one:	
		Yea		
Institution	Place & Country	Atten		Certificate/Diploma Gained
		From	To	Gameu
18. Faculty/School/I	Department in which you	are enro	lled	
19. Programme/Spe	cialization in which you	are presen	ntly enr	olled
20. Are you a part-ti	ime or full-time student?			
21. Expected date of completion				
22. Academic Distinctions or Prizes Received				
23. Please declare a currently enjoying,	ny scholarship/bursary/g (c) you may have receiv	grant (a) y ed during	ou have	e applied for, (b) you are urrent course of study.
(a)				
(c)				

Work Experience

24. Occupation or employment over the last five years (if applicable). Include summer and part-time jobs.

Name & Address of	Job Title	Date of Employment		
Employer		From To		

Church/Co-curricular/Community Involvement
25. Name & Address of the Church you attend
26. Name of Pastor/Priest
27. Church activities in which you are involved
28. Extra-curricular activities at current educational institution
29. Other community activities in which you are involved
30. Information about person supplying reference from current educational institution.

Name	Position	Institution, Address & Telephone #
		,

31. Using the space below, state clearly your areas of financial need, and any other reason why you feel you should be granted this scholarship.		
NB: Giving false information will lead to the withdrawal of a scholarship offer.		
Certification I certify that the information given in this application is complete and accurate to the best of my knowledge. If selected as a recipient of the Mona Baptist Church Douglas Samuels Memorial Scholarship, I agree to comply with the regulations and conditions governing such Scholarship.		
Signature of Applicant Date		

ABOUT DOUGLAS SAMUELS

The late Douglas Samuels was a Deacon of Mona Baptist Church and Senior Lecturer in Art Education at St. Joseph Teachers' College. He was a committed Christian who believed in service to God and to humanity. As one of the pioneer members of the Mona Baptist Church, he offered significant leadership and service to the church fellowship and the wider community. As educator, he served as college lecturer, CXC examiner, mentor, and counsellor to many. The hallmark of his ministry was humility and servant leadership. His ministry was also characterized by love for the youth, the elderly and the poor, and respect for all.

MONA BAPTIST CHURCH

DOUGLAS SAMUELS MEMORIAL SCHOLARSHIP

LETTER OF REFERENCE: ACADEMIC PROFESSIONAL

SECTION A TO APPLICANT: Please print your name in the space below. This form must be completed by the referee from your educational institution and returned to you, in a sealed envelope, to be submitted with the application form.				
				ut fautha Mana
(Name in Full)	••••••	•••••	is an applica	int for the Wiona
Baptist Church Douglas Samuels Memorial Scholarship, and requests that you complete this evaluation.				
•				
SECTION B TO REFEREE: The referee's report is confidential. Please return the completed report to the applicant in a sealed envelope, with your signature across the flap.				
1. How long and in what capacity have you known the individual?				
	•••••			
2. On the following scale, make your ratings based on your knowledge of the individual in the context of this educational institution.				
	Outstanding	Good	Average	Below Average
Academic Performance				
Intellectual Potential				
General Conduct				
Co-curricular Involvement				

Describe the individual's academic strengths, Faculty/College/University invand any outstanding achievements.	
Name Signature	
Occupation Date	
Position	
Institution	
Address	
Telephone	

MONA BAPTIST CHURCH

DOUGLAS SAMUELS MEMORIAL SCHOLARSHIP

LETTER OF REFERENCE: CHURCH

SECTION A TO APPLICANT: Please pri completed by your current P to be submitted with the app	Pastor/Priest, an	the space d returned	below. The	is form must a sealed enve	be elope,
***************************************			is an ann	licant for the	Mona
(Name in Full)	••••••	•	mio air app		
Baptist Church Douglas San complete this evaluation.	nuels Memorial	Scholarshi	p , and requ	ests that you	
SECTION B TO REFEREE: The referee report to the applicant in a s	's report is confi ealed envelope,	idential. Pl with your	ease return signature a	the completeross the fla	ted p.
1. How long and in what capacity have you known the individual?					
2. On the following scale individual.	, make your rati	ngs based o	n your kno	wledge of the	;
	Outstanding	Good	Average	Below	Not Able To Rate
				Average	10 Nate

Evidence of Christian

Involvement in church ministry/ministries Community Involvement

Willingness to work along

Commitment

with others

involvement, and perceived financial need.		
Name	Signature	
Occupation	Date	
Church		
Address		
Telephone		