



INDIES PHARMA

“Caring for the Nation’s Health”

Indies Pharma Jamaica Limited Medical Scholarship

*Member of the Bioprist Group of Companies

At Indies Pharma, we strive to positively impact the people around us and will continue to make considerable investments in the education of healthcare professionals. Our corporate social responsibility focuses on leveraging the full range of the company's resources — people, skills, expertise and funding — to uplift and strengthen the less fortunate and under-served people around us. This scholarship is one medium through which we can assist the next generation Pharmacists as we continue to make a positive influence.

ELIGIBILITY: Candidate should: -

- (1) be enrolled in the Undergraduate Medical Science or Dental Program at the University of Technology or the University of the West Indies Jamaica.
- (2) maintain a GPA between 2.9 – 4.0

CONDITIONS OF AWARD & OBLIGATIONS:

Applicants must complete the application form and submit by the stipulated deadline, with the supporting documents as outlined below:

- Complete the attached form and answer all relevant questions. INCOMPLETE applications will not be processed.
- Progress report and proof of programme cost owing to the Institution;
- Copy of Birth Certificate along with two certified passport photos OR a copy of the Bio-page of Passport.
- One (1) letter of reference attesting to the applicant's character (MUST be from Head of Department at enrolled University, Minister of Religion or Justice of the Peace).
- Application forms should be completed in BLOCK CAPITALS and submitted to operations@indiespharma.com copy mark thelma.harwood@bioprist.com or deliver in person to Indies Pharma Jamaica Limited -1A Pimento Way, Freeport Montego Bay, St. James. Applications should be subjected, ATTENTION: SCHOLARSHIP PROGRAM
- In 1000 words or less explain why you deserve to be awarded this scholarship; highlighting the financial need and any academic recognition you have received. State your career goals and the contribution you think you will be able to make towards the development of your country after completing the course of study. Attach your essay to the completed application form.
- Be willing to participate in promotional activities associated with feedback/evaluation of the impact of the scholarship on education.
- Scholarships are valid for one academic year; candidates who would like to be reconsidered need to reapply for subsequent years.

THE ANNUAL AWARDS WILL BE GRANTED IN A TOTAL VALUE OF \$500,000 AS FOLLOWS:

1st Place \$125,000;

2nd Place \$100,000;

3rd Place \$75,000

4TH & 5TH Place \$50,000 EACH

6TH – 9TH Place \$25,000 EACH

If there is a tie for any prize, the allocated amount will be divided between the winners.

The scholarship is valid for the academic year immediately following the offer of the award and cannot be deferred for any reason.

Application Deadline: September 30, 2022





INDIES PHARMA

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STUDENT INFORMATION - Section A

Name: _____
Surname First Middle

DOB: dd / mm / yyyy NIS #: _____ TRN #: _____

Gender: Male Female Marital Status: _____

Country of Birth: _____ Nationality: _____

Disability: Yes No , If yes, state: _____ Employed: Yes No

CONTACT INFORMATION - Section B

Address: _____

Phone(H): _____ Mobile: _____ Email Address: _____

Next of Kin: _____ Phone: _____

Address: _____

Phone(H): _____ Mobile: _____ Relation: _____

ACADEMIC PROFILE – Section C

Faculty: _____ School: _____

Enrollment Status: Fulltime Part-time Evening Year of Study: _____ Current G.P.A. _____

Name of degree: _____ Expected Date of Graduation: dd/mm/yyyy

Have you been previously awarded a Scholarship/Bursary? Yes No

If yes, state: Award Name _____ Value: \$ _____

DEPENDENTS - Section D

Do you have any children? Yes No Please indicate the number of children for whom you are responsible.

Name	School	Age

Certification Statement: By signing my name below, I confirm that all the information provided above and in the accompanying documents is true and correct to the best of my knowledge.

Signed: _____

Date: _____

Institution Seal:

Authorizing Name & Title: _____

Signature: _____



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ELIGIBILITY: Candidate should: -

- (1) be enrolled in the Bachelor(s) of Pharmacy program at the University of Technology or the University of the West Indies Jamaica.
- (2) maintain a GPA between 2.9 – 4.0

CONDITIONS OF AWARD & OBLIGATIONS:

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