

SCHOLARSHIP APPLICATION FORM

To be eligible for this scholarship the student:

- MUST be enrolled in a full – time Bachelor’s degree programme
- Have a minimum GPA of 3.3 or above
- MUST demonstrate involvement in extra-curricular activities at the university or community level

Please ensure all relevant sections are completed. A copy of your transcript should be attached to the back of your application.

1.0 BIOGRAPHIC PROFILE					
1. STUDENT I.D. #:			2. TRN:		
3. NAME	TITLE	LAST NAME/ SURNAME:	FIRST NAME:	MIDDLE NAME:	
4. FORMER NAME (If Applicable)	TITLE	LAST NAME/SURNAME:	FIRST NAME:	MIDDLE NAME:	
5. NAME OF TYPE OF FORMER NAME: Maiden [] (Prior to) Deed Poll [] Other [] <i>Please specify</i>					
6. DATE OF BIRTH (dd/mm/yyyy)		7. SEX: Male [] Female []		8. MARITAL STATUS:	
9. COUNTRY OF BIRTH			10. NATIONALITY		
11. DISABILITY Yes [] No [] <i>If Yes, Please state</i>			12. EMPLOYMENT STATUS		13. EMPLOYER
14. EMPLOYER’S ADDRESS					
15. EMPLOYER’S TELEPHONE			16. EMPLOYER’S EMAIL		
2.0 CONTACT INFORMATION					
17. PERMANENT ADDRESS (Apt/Street/P.O. Box)				18. TERM ADDRESS (if you do not reside on Hall please provide full details):	
City/Town	Parish	Country		City/Town	Parish
Country			City/Town	Parish	Country
19. HOME PHONE		20. CELLULAR PHONE		21. HOME CONTACT:	
				22. CELLUALR PHONE	
23. E-MAIL ADDRESS:					

3.0 ACADEMIC PROFILE

24. FIRST FACULTY OF ADMISSION		25. PRESENT FACULTY	
26. PROGRAMME (B.A., B.Sc. etc.)		27. STATE YOUR MAJOR / OPTION	
28. ENROLMENT STATUS Full - Time [] Part - Time []	29. LEVEL / YEAR	30. CURRENT GPA	31. EXPECTED DATE OF GRADUATION
32. HALL OF RESIDENCE (<i>Residing</i>)		33. HALL OF RESIDENCE (<i>Attachment</i>)	
34. Have you applied for any Student Exchange Programme? Yes [] No []		35. Have you applied for a transfer to another Faculty/Campus in the upcoming academic year? Yes [] No []	
36. If yes to Question 34, state the name of:	Faculty	Campus	
37. Have you been awarded a Scholarship / Bursary tenable at your respective institution? Yes [] No []			
38. If Yes, please state: Award Name _____ Value \$ _____			

4.0 WORK EXPERIENCE

(Indicate jobs held within last five (5) years (including vacation and part-time employment))

Organisation Name	Position Held	From <small>(dd/mm/yyyy)</small>	To <small>(dd/mm/yyyy)</small>	Salary/Month

5.0 CO-CURRICULAR RECORD

Please indicate the co-curricular activities in which you are involved at the university or community level

6.0 PARENTAL INFORMATION

Mother/Step-Mother/Caregiver (Omit as necessary)	Father/Step-Father/Caregiver (Omit as necessary)
NAME	NAME
ADDRESS	ADDRESS
TELEPHONE (C)	TELEPHONE (C)
TELEPHONE (H/W)	TELEPHONE (H/W)
E-MAIL ADDRESS	E-MAIL ADDRESS
OCCUPATION	OCCUPATION
EMPLOYER	EMPLOYER
SALARY \$ _____ Weekly [] Fortnightly [] Monthly []	SALARY \$ _____ Weekly [] Fortnightly [] Monthly []

7.0 SPOUSAL INFORMATION

8.0 DEPENDENTS

NAME	NAME	AGE
ADDRESS <i>(If different from Applicant's Permanent Address)</i>	SCHOOL	
TELEPHONE (C)	NAME	AGE
TELEPHONE (H/W)	SCHOOL	
E-MAIL ADDRESS	NAME	AGE
OCCUPATION	SCHOOL	
EMPLOYER	OTHER DEPENDENT(S) Yes [] No [] <i>Please Specify</i>	
SALARY \$ _____ Weekly [] Fortnightly [] Monthly []		

9.0 CAREER OBJECTIVE

State your career goals, and the contribution you think you will be able to make towards the development of Digicel Jamaica Limited.

10.0 BUDGET PLANNER

EXPENSES (JMD\$)		INCOME/RESOURCES (JMD\$)	
Tuition Fees	_____	Present Bank Balance	_____
Books & Supplies	_____	Spouse's Contribution	_____
Accommodation		Family Contribution	_____
Hall of Residence	_____	Contribution from Other Sources	_____
Off Campus	_____	Proceeds from Employment	_____
Food	_____	Awards (e.g. Scholarships, Bursaries)	
Clothing	_____	Name of Award	Value
Toiletries	_____	_____	_____
Transportation		_____	_____
To and From School	_____	_____	_____
Field Trip	_____	Tuition Loans (e.g. SLB etc.)	
Contingencies (<i>Please Specify</i>)		_____	_____
Item	Cost	_____	_____
_____	_____	_____	_____
_____	_____	Grants	
_____	_____	_____	_____
		_____	_____
Total Expenses	=====	Other Income/Resources	_____
		Total Income/Resources	=====

Shortfall

(Subtract Total Expenses from Total Income)

I affirm that the information provided within this form is correct.

Applicant's Signature

Date (dd/mm/yyyy)
