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 pursuing 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

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<th>Schools Attended</th>
<th>Years (From-To)</th>
<th>Qualification (CXC/CAPE)</th>
<th>Grades</th>
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15. Work Experience

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<th>Institution</th>
<th>Year</th>
<th>Position</th>
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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)

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

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. Year of study  ☐ 1st year  ☐ 2nd year

23. 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)

24. 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: ________________________________