



TIP Friendly Society



P.E.P. 2023 SCHOLARSHIP APPLICATION FORM

REGULATIONS GOVERNING THE GRANTING OF SCHOLARSHIPS

Bursary: \$40,00.00

Applicants must meet the following criteria:

1. The candidate must be a dependent of a member of TIP Friendly Society.
2. The candidate must be insured on the member's TIP Kids Benefit or TIP Educator at TIP Friendly Society for at least six (6) months.
3. The member must be in good standing with TIP Friendly Society.
4. The candidate must have sat the 2023 P.E.P. Examinations.
5. The candidate must be continuing his/her course of study at a secondary institution of learning in Jamaica for the academic year 2023/2024.
6. **The candidate must be a Jamaican national.**

Application form must be accompanied by:

- Statement of P.E.P. Grades from the School and/or the Ministry of Education Regional Offices (documents must be stamped or bear the seal of the institution).
- One (1) character reference from the Principal of the primary institution of learning.
- Evidence certifying the dependent's association with the TIP member (Birth Certificate or any other legal documentation).
- One passport size photo
- Evidence certifying that the dependent's parent or legal guardian is a TIP member.

Each parent/guardian should complete the prescribed application form. The completed application form and the supporting documents should be addressed to **The Scholarship Committee**, TIP Friendly Society, and dropped off at one of the locations listed:

- 80 Half-Way-Tree Road, **Kingston 10**
- 24C Lot #3 Caledonia Rd, Mandeville, **Manchester**
- The Annex, Shop 27A Fairview, Montego Bay, **St. James**
- Shop 8, Ocho Rios Comm. Centre, Main Street, Ocho Rios, **St. Ann**

Applications forms may also be accessed via TIP's website www.tipfriendly.com
To submit your application virtually, please email your application form and all supporting documents to mktgsales@tipfriendly.com

Closing date for applications is July 31, 2023.



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1. Parent's (TIP Member's) Name Mr. Mrs. Ms.

First Name	Middle Name (s)	Last Name	Maiden Name (If applicable)
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2. Place of Employment

3. Email Address(es):

Contact #:

4. Candidate's Name

First Name	Middle Name(s)	Last Name
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5. Gender of Candidate Male Female

6. Place of Candidate's Birth _____ Candidate's Birthdate _____

7. Nationality of Candidate _____

8. Home Address

9. Mailing Address



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10. Name and Address of School Attended

11. Name and Address of Secondary Level Institution (candidate will be attending)

12. Extra-curricular Involvement

Names of Clubs & Societies	Positions Held

13. Is the candidate the recipient of any other Scholarship? Yes No

If Yes, please provide details _____

14. Is there any other information which you consider relevant to this application?



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15. Disclaimer & Signature

I certify that my answers are true and complete to the best of my knowledge. I give authority to TIP Friendly Society to contact my dependent's primary institution of learning and/or my dependent's references, if needed, regarding the information presented herein. I do understand that false or misleading answers will lead to this application being disregarded. I am aware that the selection process is dependent on the stated criteria and the discretion of the Society. By applying for this scholarship, I agree that if my dependent is selected, TIP has the right to use my name and/or my dependent's name and photograph as a brand ambassador for advertising and promotional purposes.

Parent's/Guardian's Signature _____ Date _____

For Official Use Only

APPROVED

DECLINED

_____	_____	_____
NAME	SIGNATURE	DATE

_____	_____	_____
NAME	SIGNATURE	DATE

Conditions Apply