



# NON-TEACHING STAFF 2024 SCHOLARSHIP APPLICATION FORM

**Bursary: \$100,000**

## REGULATIONS GOVERNING THE GRANTING OF SCHOLARSHIPS

### Applicants must meet the following criteria:

1. The candidate must be a member of TIP Friendly Society for at least six (6) months and in good financial standing.
2. The candidate must currently be on staff at an educational institution and has been a member of staff for at least 2 consecutive years immediately prior to the application date.
3. The candidate must be currently pursuing a tertiary degree.
4. The candidate must have a G.P.A. of at least 3.5.
5. **The candidate must be a Jamaican national.**

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### Application form must be accompanied by:

- Evidence that the applicant is currently pursuing a tertiary degree at an accredited University.
- Evidence of program completion on or before August 2025.
- Certified copies of progress reports.
- One (1) character reference from one of the following officials, who is a citizen of Jamaica, not a member of the applicant's family and has been personally acquainted with the applicant for a period not less than twelve (12) months:
  - Minister of Religion, Justice of the Peace, Attorney-at-law, Principal, Medical Practitioner, Resident Magistrate, Parish Councillor, Manager in a Financial institution.
- Employer's letter certifying employment of the candidate at the current institution for at least 2 consecutive years immediately prior to the application date.
- Evidence certifying approved study leave from the employer (full-time students).
- Statement of intention of applicant after completion of program of study.
- One passport size photo.
- Supporting documentation verifying the candidate as a Jamaican national.

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Each candidate 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 submitted 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](http://www.tipfriendly.com)  
To submit your application virtually, please email your application form and all supporting documents to [mktgsales@tipfriendly.com](mailto:mktgsales@tipfriendly.com)

***Closing date for applications is July 31, 2024***



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PLEASE INDICATE WHICH SCHOLARSHIP YOU ARE APPLYING FOR:

Full-Time Student

Part-Time Student

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1. Candidate's Name  Mr.  Mrs.  Ms.

\_\_\_\_\_
First Name Middle Name (s) Last Name Maiden Name (If applicable)

2. Place of Birth \_\_\_\_\_

3. Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

4. Gender  Male  Female

5. TRN# \_\_\_\_\_ Telephone Number(s) \_\_\_\_\_

6. Number of dependents \_\_\_\_\_ Age (s) \_\_\_\_\_

7. Home Address
\_\_\_\_\_
\_\_\_\_\_

8. Mailing Address
\_\_\_\_\_
\_\_\_\_\_

9. Email Address(es) \_\_\_\_\_

10. Contact Information for two (2) next of kin:

a. Name \_\_\_\_\_ Contact# \_\_\_\_\_



**TIP** Friendly Society

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Address \_\_\_\_\_

b. Name \_\_\_\_\_ Contact# \_\_\_\_\_

Address \_\_\_\_\_

11. How do you presently finance your studies? \_\_\_\_\_

12. How long have you been a TIP member? \_\_\_\_\_

**13. Educational Background**

| Name of Institution | Year Attended | Level | Qualification Received |
|---------------------|---------------|-------|------------------------|
|                     |               |       |                        |
|                     |               |       |                        |
|                     |               |       |                        |
|                     |               |       |                        |
|                     |               |       |                        |
|                     |               |       |                        |

**14. Achievements gained during your educational career.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## **NON-TEACHING STAFF 2024 SCHOLARSHIP APPLICATION FORM**

**15. Working Experience**

| Name of Institution | Date (From/To) | Position |
|---------------------|----------------|----------|
|                     |                |          |
|                     |                |          |
|                     |                |          |
|                     |                |          |
|                     |                |          |
|                     |                |          |
|                     |                |          |

**16. List the leadership positions you have held during your career (Church, Professional, Civic etc)**

| Name of Institution | Date (From/To) | Position |
|---------------------|----------------|----------|
|                     |                |          |
|                     |                |          |
|                     |                |          |
|                     |                |          |
|                     |                |          |
|                     |                |          |
|                     |                |          |

**17. Date you entered the institution at which you are now studying** \_\_\_\_\_

**18. Faculty/Department** \_\_\_\_\_ **18. Duration of Program** \_\_\_\_\_



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19. In your current program, what are your GPA grades?

| Current Program | GPA Grades |
|-----------------|------------|
| First Year      |            |
| Second Year     |            |
| Third Year      |            |
| Fourth Year     |            |

20. Length of Service in the Education Sector \_\_\_\_\_

21. Are you a recipient of any other scholarship? Yes  No

If Yes, please provide details \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. Statement of intention after completion of program of study.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### 24. 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 any of the individuals and/or institutions named above and submitted with this application for verification purposes with respect to my character, and my responses. 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 I am selected, TIP has the right to use my name and photograph for advertising and promotional purposes. I agree to be governed by the rules of TIP Friendly Society and any amendments thereof. TIP Friendly Society will treat all provided information confidentially. However, I understand and agree that from time to time this information and any updates provided by me may be:

- i. Shared externally to insurers, financial companies, databases and/or other duly authorized bodies.
- ii. Shared with the Scholarship Committee assigned by TIP Friendly Society
- iii. Shared with Print and social media, such as but not limited to Instagram, and Facebook
- iv. Shared with third-party service providers and
- v. Shared with regulators and government agencies to ensure that TIP Friendly Society is compliant with its legal, regulatory and administrative obligations.

It is my responsibility to inform TIP Friendly Society promptly of any changes in my status including address, employment, contact information and to provide the required supporting documents. I accept that TIP Friendly Society policies and purposes are independent of the policies and purposes of other entities and may change from time to time.

TIP Friendly Society reserves the right, in its sole discretion and without giving reasons, to terminate the scholarship where it forms the view that continuing a relationship with me exposes it to legal, reputational and or other risks.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**TIP** Friendly Society

## **NON-TEACHING STAFF 2024 SCHOLARSHIP APPLICATION FORM**

### **For Official Use Only**

**APPROVED**

**DECLINED**

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NAME

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SIGNATURE

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DATE

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NAME

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SIGNATURE

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DATE

**Conditions Apply**