



P.E.P. 2024 SCHOLARSHIP APPLICATION FORM

REGULATIONS GOVERNING THE GRANTING OF SCHOLARSHIPS

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 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 2024 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 2024/2025.
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 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
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, 2024.



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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) |
|------------|-----------------|-----------|-----------------------------|

2. Place of Employment

3. Email Address(es):

Contact #:

4. Candidate's Name

| | | |
|------------|----------------|-----------|
| First Name | Middle Name(s) | Last Name |
|------------|----------------|-----------|

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

10. Name and Address of School Attended



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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 and that I am the parent of the student for whom I am applying for this scholarship. 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 Friendly Society has the right to use my name and/or my dependent's name and photograph as a brand ambassador 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.

I certify that the information supplied above is accurate

Parent's/Guardian's Name _____

Parent's/Guardian's Signature _____ Date _____



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For Official Use Only

APPROVED

DECLINED

NAME

SIGNATURE

DATE

NAME

SIGNATURE

DATE

Conditions Apply