

ANNETTE FRASER 2025 STAFF SCHOLARSHIP

APPLICATION FORM

REGULATIONS GOVERNING THE GRANTING OF SCHOLARSHIPS

Applicants must meet the following criteria:

- The candidate must be a permanent member of staff of TIP Friendly Society for at least four (4) years.
- The candidate should be in an area of study that is deemed connected to the business of TIP Friendly Society
- The candidate must have a G.P.A. of at least 3.5.
- The candidate should be in the final year of study of an undergraduate or postgraduate degree by an accredited institution in Jamaica.
- The candidate must be in good financial standing and of good character.
- The candidate will be bonded by TIP Friendly Society for two (2) years following the completion of study.

Application form must be accompanied by:

- Evidence that the applicant is currently pursuing an undergraduate/postgraduate degree at an accredited university.
- Evidence of date of program completion
- Certified copy of transcript
- One 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, Manager from any regulated financial institution, Medical Practitioner, Resident Magistrate, Parish Councillor, TIP Manager
- Statement of intention of applicant after completion of program of study

Each candidate should submit the completed application form and the supporting documents to
Annette Fraser Scholarship, HR Department at the Head Office.

Closing date for applications is July 31, 2025.

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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 TRN _____
5. Number of dependents _____ Ages (s) _____
6. Telephone Number(s) _____
7. Email Address(es) _____
8. Home Address
- _____
- _____
9. Mailing Address
- _____
- _____
10. Names and Addresses of two (2) next of kin
- a. Name _____ Contact# _____
- Address _____
- b. Name _____ Contact# _____
- Address _____

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11. Educational Background

Name of Institution	Year Attended	Level	Qualification Received

12. Achievements gained during your educational career.

13. How long have you been a TIP Staff member? _____

14. Position(s) held at TIP Friendly Society

Position	Date (From/To)

15. Do you currently have a TIP Educational loan? _____

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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 _____ Duration of Program _____

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

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

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

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21. Statement of intention after completion of program of study

22. 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. I do understand that false or misleading answers will lead to this application being disqualified. 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 Friendly Society has the right to use my 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



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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** _____

For Official Use Only

APPROVED ☐

DECLINED ☐

NAME

SIGNATURE

DATE

NAME

SIGNATURE

DATE

Conditions Apply*