



NON-TEACHING STAFF 2025 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.**

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 2026.
- 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.

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 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 tipscholarships@tipfriendly.com

Closing date for applications is July 31, 2025



NON-TEACHING STAFF 2025 SCHOLARSHIP APPLICATION FORM

PLEASE INDICATE WHICH SCHOLARSHIP YOU ARE APPLYING FOR:

Full-Time Student ☐

Part-Time Student ☐

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# _____

Address _____



NON-TEACHING STAFF 2025 SCHOLARSHIP APPLICATION FORM

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 2025 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** _____

NON-TEACHING STAFF 2025 SCHOLARSHIP APPLICATION FORM

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.



NON-TEACHING STAFF 2025 SCHOLARSHIP APPLICATION FORM

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 _____



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For Official Use Only

APPROVED ☐

DECLINED ☐

NAME

SIGNATURE

DATE

NAME

SIGNATURE

DATE

Conditions Apply