



2026 CONTINUED SCHOLARSHIP APPLICATION FORM

REGULATIONS GOVERNING THE GRANTING OF SCHOLARSHIPS

Applicants must meet the following criteria:

1. The candidate must be a recipient of a TIP PEP or TIP CONTINUED SCHOLARSHIP from the previous Year.
2. The scholarship is available up to the fifth form at the secondary level.
3. The candidate must achieve a minimum grade of 85% to be considered.
4. The candidate must be continuing his/her course of study at a secondary institution of learning in Jamaica for the academic year 2026/2027.
5. **The candidate must be a Jamaican National.**

Application Process:

- One passport size photo
- Documents: The candidate's three reports for the 2025/2026 academic year (Christmas, Easter, and Summer).
- Subject Line: Continued Scholarship Application 2026

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 tipscholarships@tipfriendly.com

Closing date for applications is July 31, 2026.



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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. Email Address(es): _____ Contact #: _____

3. Candidate's Name

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

5. Name and Address of Current School

6. Current Grade _____ 8. Last scholarship received (date): _____

14. 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



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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 with 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 other risks.

I certify that the information supplied above is accurate

Parent's/Guardian's Signature _____ Date _____

For Official Use Only

APPROVED

DECLINED

NAME _____

SIGNATURE _____

DATE _____

NAME _____

SIGNATURE _____

DATE _____

Conditions Apply