HEART/NSTA Trust

APPLICATION FOR TERTIARY SCHOLARSHIPS

2023/2024

SECTION 1

1. TRN:	

2a. Title	**2b. Last Name:**	**2c. First Name:**	**2d. Middle Name(s):**

3. Date of Birth	DD	MM	YYYY	**4. Sex:** Male ☐ Female ☐	**5. Country of Birth:**

6. Nationality	**7. Employment Status:**		
	Employed ☐	Self-employed ☐	Un-employed ☐

8. Permanent Address:	**9. Mailing Address:**

10. Phone Numbers:		**11. E-mail Address:**

12. Are you a HEART/NSTA Trust employee?	**13. Are you a dependent of a HEART/NSTA Trust employee?**
Yes ☐ No ☐	Yes ☐ No ☐

15a. Do you have a disability?	**15b. State Disability:**	**15c. Are you registered with JamaicaCouncil for Persons with Disabilities?**
Yes ☐ No ☐		Yes ☐ No ☐

16. High School (s) Attended:

SECTION 2 – ACADEMIC INFORMATION			
17. Tertiary Institution			
18. Campus Location			
19. Faculty/Department			
20. Name of Programme			
21. State your Major/Option			
22. Enrolment Status	Part-time ☐	Full-time ☐	Deferred ☐
23. Are you a recipient of a scholarship?	Yes ☐ No ☐		
24. Expected Date of Graduation			

SECTION 3 - INFORMATION ON PARENT(S)/GUARDIAN				
25. MOTHER ☐ GUARDIAN ☐	**26. Name:**			
27. Address:				
28. Telephone:	**Work**	**Home**		**Mobile**
29. Occupation:				
30. Employer:				
31. Salary $		Weekly ☐ Fortnightly ☐	Monthly ☐	Annually ☐
32. FATHER ☐ GUARDIAN ☐	**33. Name:**			
34. Address:				
35. Telephone:	**Work**	**Home**		**Mobile**
36. Occupation:				
37. Employer:				
38. Salary $		Weekly ☐ Fortnightly ☐	Monthly ☐	Annually ☐

SECTION 4 - INFORMATION ON SPOUSE				
39. Name:				
40. Address: *(if different from applicant's permanent address)*				
41. Email address:				
42. Telephone:	**Work**	**Home**		**Mobile**
43. Occupation:				
44. Employer:				
45. Salary $		Weekly ☐ Fortnightly ☐	Monthly ☐	Annually ☐

SECTION 4 – APPLICANT'S DEPENDENTS			
46. Name:		**47. Age:**	
48. Name of Child's School:			
49. Name:		**50. Age:**	
51. Name of Child's School:			
52. Other Dependent Children?	Yes ☐ No ☐	**53. Number of children:**	

SECTION 5 - WORK EXPERIENCE				
54. Name of Organisation	**Position Held**	**From** dd / mm / yyyy	**To** dd / mm / yyyy	**Salary /month**

SECTION 6 - EXTRA-CURRICULAR INVOLVEMENT			
55. Name of Organisation, Youth or Service Club	**Position Held**	**From** dd / mm / yyyy	**To** dd / mm / yyyy

SECTION 7 - BUDGET PLANNER (TO BE COMPLETED IN JMD)

56. Budget (projection of income & expenses) for academic year 2022/2023
Use Gross amount for proceeds from employment

Expenses ($)		**Income/Resources ($)**	
Tuition Fees		Present Bank Balance of Student	
Books and Supplies		Family Contribution	
Rent/ Boarding Fees		Contribution From Other Sources	
Food		Proceeds From Employment	
Clothing			
Toiletries			
Transportation			
		Grants $	
Other school expenses (e.g., Internet, laptop, etc.)			
Item	Cost ($)	a.	
a.		b.	
b.			
c.			
d.		Other Income/Resources	
57. Total Expenses		**58. Total Income/Resources**	

59. Shortfall

(*Subtract Total Expenses from Total Income***)**

Documents to be submitted with Application form

 Please submit along with application form:
a.   Proof of citizenship
b.   A recent passport-sized picture
c.   Certified copy of Birth Certificate
d.   Certified Copy of TRN
e.   Evidence of acceptance to an accredited institution
f.   Proof of membership in service/youth club or involvement in community service
g.   Completed Referee's form

SECTION 8

60. State reasons for applying: (*Press Tab to type in the next line, if typing.***)**

61. State your career goals and the contribution you intend to make towards the development of your community or country:

62. I confirm that all information provided in this application is correct and acknowledge that any incorrect information provided will be grounds for the application to be rejected:

_____   _____

                      Applicant's Signature   Date (DD/MM/YYYY)

FOR OFFICIAL USE
Scholarship Committee's Decision
Recommended: Yes ☐   No ☐
Reason: