

**MINISTRY OF EDUCATION
EMANCIPATION POST GRADUATE SCHOLARSHIPS 2014//2015
APPLICATION FORM**

A. GENERAL INFORMATION

- (i) Each candidate should complete two (2) copies of this form (IN BLOCK CAPITALS) and submit them with supporting documents to the Office of Post Graduate Studies and Research, Cave Hill, Mona or St. Augustine Campuses, University of the West Indies **NOT LATER THAN FRIDAY, MAY13, 2015**
- (ii) **Incomplete applications will not be considered.**
- (iii) The scholarship award is valid for the academic year of the offer of the award and cannot be deferred for any reason.

B. SUPPORTING DOCUMENTS

- (i) Valid evidence of acceptance/registration at U.W.I.
- (ii) Three letters of reference
 - (a) Academic - from a Professor/Department Head who can speak to your academic accomplishments.
 - (b) Professional - from a supervision or colleagues who can speak to your professional responsibilities and accomplishments.
 - (c) Character Reference
- (iii) Certified copies of Official transcript of grades or similar proof of academic standing
- (iv) Certified copy of birth certificate or evidence of date of birth
- (v) Certificate of fitness from a Registered Medical Practitioner
- (vi) Two recent passport size photographs.
- (vii) Certificate of domicile signed by a J.P. or Minister of Religion or other reputable member of the community.

C. CONDITIONS

All applicants must

- (a) have at **LEAST** an Upper Second Class honours degree, or it equivalent, from a recognized University.
- (b) be under forty- five years old on the first of August 2014.
- (c) be a Jamaican citizen, domiciled in Jamaica for at least five years.
- (d) be pursuing or about to pursue full-time graduate study at the University of the West Indies.
- (e) not simultaneously hold any other award.

- 1. Name in full _____
(BLOCK CAPS) SURNAME FORE NAMES
- 2. Nationality and Citizenship _____
- 3. Place and date of birth _____
- 4. State period of residence in Jamaica _____
- 5. Marital Status _____ (b) No. of Children _____

6. Address for correspondence about this application _____

_____ Tel: _____

7. Permanent address if not the same as above _____

8. Home Tel: _____ Office Tel: _____

9. Parents' Name (Mother) _____

Place of Birth _____

Address _____

Occupation _____

10. Parents' Name (Father) _____

Place of Birth _____

Address _____

Occupation _____

11. Educational Record

a) Undergraduate Career

Name of University _____ Degree, Class and Date _____

Subjects Taken _____

b) Postgraduate Career

Name of University _____ Degree, Class and Date _____

Subjects Taken _____

Field of Research _____

Title of Thesis _____

Publications, if any _____

12. Indicate here your proposed course of study

Subject and Field of Study _____

Degree _____

13. Please indicate if you are bonded to Government or another Employer _____

Future Career Goal

The Post-Emancipation Scholarship requires the student to work in Jamaica upon completion of studies in order to apply enhanced knowledge and skills toward helping to accelerate the economic and social development of the country.

Please describe below how you are intend to utilize your acquired knowledge and skills in addressing development needs of Jamaica. Also, describe the relevance of your proposed study programme to future career goals. Specify your professional plan. **PLEASE DO NOT WRITE MORE THAN CAN FIT IN THE SPACE PROVIDED ON THIS PAGE.**

Applicant's name:

Letter of Reference Academic

Reference's Name _____

Title: _____

Organization: _____

Address: _____

Telephone: _____

Facsimile: _____

On this scale, make your ratings on the basis of your academic experience with the applicants:

	Average	Good		Excellent	
	Top 50%	Top 25%	Top 10%	Top 5%	Top 2%
Academic Capability:	_____	_____	_____	_____	_____
Intellectual Potential:	_____	_____	_____	_____	_____
Creativity and Originality:	_____	_____	_____	_____	_____

Describe the applicant's academic strengths, work responsibilities and outstanding achievements.

Please do not write more than can fit in the space provided on this page.

Reference's Signature: _____ Date: _____

Applicant's name:

Letter of Reference Professional

Reference's Name: _____

Title: _____

Organization: _____

Address: _____

Telephone: _____

Facsimile: _____

On this scale, make your ratings on the basis of your academic experience with the applicants:

	Average	Good	Excellent		
	Top 50%	Top 25%	Top 10%	Top 5%	Top 2%
Academic Capability:	_____	_____	_____	_____	_____
Intellectual Potential:	_____	_____	_____	_____	_____
Creativity and Originality:	_____	_____	_____	_____	_____

Describe the applicant's academic strengths, work responsibilities and outstanding achievements.

Please do not write more than can fit in the space provided on this page.

Reference's Signature: _____ Date: _____