## MINISTRY OF EDUCATION FOR THE LEILA NEYSMITH FOLKES MEMORIAL BURSARY APPLICATION FORM

- 1. Each applicant must complete two (2) copies of this form (Typewritten or in BLOCK CAPITALS) and should submit them together with supporting documents to the Ministry of Education and Culture, Scholarship Section, 2 National Heroes Circle, Kingston 4, NOT LATER THAN May 3, 2013.
- 2. Applicants should be born in West Portland, Jamaica.
- 3. Applicants should not be older than twenty-six (26) in the year of the award.
- 4. Each applicant must give a telephone number.
- 5. Awardees are not eligible to access loans from the Students Loan Bureau.
- 6. The scholarship award is valid for the academic year immediately following the offer of the award and cannot be deferred for any reason.
- 7. A letter of acceptance from the Teachers' College/recognized Nursing School may be submitted after the application's due date.
- 8. Commitment to teaching or nursing in Jamaica for a period of three (3) years on completion of course

C	completion of course				
Supp	porting documents: Please check those documents you have	ve submitted.			
1.	A letter of acceptance or evidence of application from th school required for all applicants.	e Teachers' College/nursing			
2.	Certified copies of academic certificates obtained.				
3.	Character reference signed by a member of the Commune.g. Minister of Religion, Justice of the Peace.	nity e.g. Principal,			
4.	Statement as at 11 below				
5.	Certificate/letter showing attendance at Buff Bay High S	chool in Portland			
6. T	Two (2) Referee Letters (1 Professional and 1 Academic)				
7. B	Birth Certificate				
1.	Name:	Mr./Miss/Mrs.			
2a.	Address (for correspondence about this application):				
	Telephone No				
2b.	Address of Permanent residence (if different from 2a)				
	Telepho	one No			
3.	Date & Place of Birth:				
4.	Nationality				
5a.	Marital Status: 5b. N	o. of Children			

6. Educational Record. Set out in chronological order.					
School	Years attended	Certificate/Diploma gained			
SCHOOL	i cais attenueu	Ceruncate/Diploma gameu			
-	l				

ACADEMIC QUALIFICATIONS - STATE DETAILS CLEARLY, WHERE APPLICABLE THESE SHOULD INCLUDE PROFESSIONAL CERTIFICATES AND DIPLOMAS OBTAINED.

DATE	EXAMINATION	SUBJECTS	STATE LEVEL (ADVANCE, ORDINARY, PRINCIPAL OR SUBSIDIARY)	RESULTS (DISTINCTION, CREDIT, PASS, FAIL OR MARK)

7. Present occupation or employment and previous employment

State programme & College/Nursing School			
Major			
Proposed length of program	ume		
Confidential References 'must' be obtained from the following persons below.			
Name:	Name:		
Occupation:	Occupation:		
Address:	Address:		
Tel:			
Detach reference form and s	submit to Referees named above.		

Any other information which you consider relevant to the application.
Signature:
Date: