THE CATHOLIC COLLEGE OF MANDEVILLE

SCHOLARSHIP FUND

**20 Perth Road, Mandeville, Manchester, Jamaica**

# SCHOLARSHIP APPLICATION FORM

***Please type or print***

**PERSONAL INFORMATION**

Full Name: ……………………………………………………………………………………..

Home Address: …………………………………………………………………………………

Telephone Numbers: ………………………………… e-mail: ..………….…………………..

Date of Birth: …………………………Place of Birth: ……………………………………….

Nationality: ……………………………………………………………………………………

Marital Status (circle all that apply): single married divorced widowed separated

Parental Status: Number of children, if any: ……………………………………………

Religious Denomination: …………………………………………………………………..

Church parish ………………………………………………………………………………

Total number of persons financially dependent on you: [ ]

**ACADEMIC HISTORY**

1. Last School Attended: ………………………………….. From: ………… To: ………………

 Qualifications Obtained: ………………………………………………………………………...

 Exam scores: …………………………………………………………………………………….

 Extra-Curricular Activities: ……………………………………………………………………..

2. Previous School Attended: ………………………………….. From: ………… To: …………

Qualifications Obtained: ………………………………………………………………………..

 Exam scores: ……………………………………………………………………………………

 Extra-Curricular Activities: …………………………………………………………………….

3. Previous School Attended: ………………………………….. From: ………… To: …………

 Qualifications Obtained: ………………………………………………………………………..

 Exam scores: ……………………………………………………………………………………

 Extra-Curricular Activities: …………………………………………………………………….

**WORK HISTORY**

1. Present Job (if any): Workplace: ………………………………………………………………..

 Job Title: …………………………………………… Years in this Workplace: ………………

2. Previous Job (if any): Workplace: ………………………………………………………………

 Job Title: …………………………………………… Years in this Workplace: ………………

3. Previous Job (if any): Workplace: ………………………………………………………………

 Job Title: …………………………………………… Years in this Workplace: ………………

**OTHER ACTIVITIES AND ACHIEVEMENTS**

Please list here (or on an attached sheet) any clubs or organizations to which you belong, your position in them, as well as any personal achievements:

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**PROPOSED COURSE OF STUDY**

Name of institution: **THE CATHOLIC COLLEGE OF MANDEVILLE**

Course of study to be pursued: …………………………………… Length of Study: …………..

Intended career: ……………………………………………………………………………………

Are you already registered? (Please circle) Yes No Year of Admission: ………….

If no, have you already applied? (Please circle) Yes No

If you have applied, have you been: accepted rejected deferred waiting for reply

(If not already admitted) Which year do you plan to begin the course? ………………………….

The Diocese does not offer full scholarships for the entire course of study. What will you do to bridge any financial gaps to fund your education?

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Why do you need this Scholarship? What is your current financial situation?

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**SOLEMN DECLARATION**

I solemnly declare the following:

1. I do not have sufficient means to fund my tertiary education
2. I am not the recipient of any other full scholarship or award
3. If accepted, I undertake to do some form of supervised community service to be agreed upon
4. I am a practising Roman Catholic.
5. All the above answers are true.

I understand that lying on this application could mean withdrawal of funding and I may be required to repay the funds that have been disbursed.

**Signed by Applicant**: ………………………………………………… **Date**: ………………….

*ALL APPLICATIONS MUST BE ACCOMPANIED BY THE FOLLOWING:*

*ONE REFEREE’S RECOMMENDATION*

*PRIEST’S RECOMMENDATION*

*FAMILY INFORMATION DATA SHEET*

*PERSONAL FAITH REFLECTION*

 *APPLICATIONS WITHOUT THIS INFORMATION WILL BE DISQUALIFIED.*

*APPLICATIONS MUST BE SENT TO*

*Or by email to*

*BY THE DEADLINE of .*