

# Jamaica Council for Persons with Disabilities

## APPLICATION FORM FOR THE MARGARET MOODY SCHOLARSHIP

Name in full (Mr./Miss/Mrs.): \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male:  Female:

TRN: \_\_\_\_\_ Nationality: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Age (s): \_\_\_\_\_

Disability: \_\_\_\_\_

Employment Status: Employed  Unemployed  Student

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### Educational Background:

Institution	Year Attended	Academic Qualification

Institution Applied to or currently attending (name and address): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Course to be/or being pursued: \_\_\_\_\_

Certification at Completion: \_\_\_\_\_

Intended Date of Commencement: \_\_\_\_\_

Intended Date of Completion: \_\_\_\_\_

Present and Past Occupation: \_\_\_\_\_

<b>Name &amp; Address of Employer</b>	<b>Job Title</b>	<b>From</b>	<b>To</b>

Extra-curricular Activities: \_\_\_\_\_

Voluntary Service Rendered:

<b>ORGANIZATION</b>	<b>POSITION</b>	<b>From</b>	<b>To</b>

Intended Voluntary Service:

<b>ORGANIZATION</b>	<b>POSITION</b>	<b>From</b>	<b>To</b>

Career Goal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Declare (1) any Scholarship/Bursary you have applied for, (2) any Scholarship/Bursary you are currently enjoying or (3) any Scholarship/Bursary you may have received during you current course of study

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Persons to be notified in case of emergency

<b>Name</b>	<b>Address</b>	<b>Telephone</b>	<b>Relations</b>

Any other relevant information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NB. False information will lead to the withdrawal of the scholarship offer. All applicants must be registered with the Jamaica Council for Persons with Disabilities. This is important, as it stands to verify that the applicant has a permanent disability.**

**CERTIFICATION:** I certify that the information given in this application is complete and accurate to the best of my knowledge. If selected as recipient of the Margaret Moody/Government of Jamaica Scholar, I agree to comply with the regulations and conditions governing such Scholarship.

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_