

## **Jill Stewart MoBay City Run – Scholarship Committee**

Please **read the instructions carefully** before completing this form and answer all relevant questions. Incomplete applications will not be processed.

- Completed application forms should be submitted to the **Montego Bay Community College, UWI, Mona - Western Jamaica Campus** (Bursary Office), **UTECH Jamaica – Western Campus** or **Sam Sharpe Teachers College**.
- **Full-time or Part-time Undergraduate** students are eligible for financial assistance. **\*\* (High school graduates can also apply)**
- Applicants are also allowed to reapply.
- Where income figures are required, gross amounts must be stated.
- All recipients will be required to donate time and energy to the staging of the annual Jill Stewart Mobay City Run.
- **All applicants must complete** all sections.
- Please indicate 'N/A' where the information requested in an item is not applicable to your situation.
- A 300-word essay outlining why you should be considered for a scholarship **MUST** be submitted along with the scholarship application form, **please attach essay to the application**.  
**\*\*If false information is submitted the application will be revoked / investigations are carried out by the committee.**
- **The Referee's Affidavit must be submitted** with all application forms (items 98 through to 116). Kindly note the following persons from whom references may be obtained: Application will NOT be processed if this section is completed by someone outside of the list provided
  - **Senior member of the academic staff (e.g. Senior Lecturer or higher)**
  - **Student Services' Managers**
  - **Guidance Counsellors (Health Center)**

- **Justices of the peace**
- **Ministers of Religion**
  
- The applicant will have to provide:
  - For On-Campus Co-curricular Activities:  
a certified copy of your co-curricular transcript.
  
  - For Off-Campus Co-curricular Activities:  
National or Community organization which states clearly-
    1. The nature of the organization;
    2. The length and nature of the applicants' involvement.
  
- Students who apply on the basis of involvement in campus activities **must submit**, along with the completed application form, a letter of support written by the Faculty Advisor/Student Services Manager of the club/hall/society attesting to the involvement as stated.
- Students who apply on the basis of involvement in Regional, National, Community **and** campus activities **must submit**, along with the completed application form, a letter of support written by the President, Chairman or Secretary of the said organization(s).
- A **certified co-curricular transcript** must accompany all applications.

PLEASE DO NOT SUBMIT PAGES 1&2 OF  
THIS APPLICATION FORM



**DEADLINE: AUGUST 11, 2024**

**LATE APPLICATION WILL NOT BE ACCEPTED**

**JILL STEWART MOBAY CITY RUN  
SCHOLARSHIP**

**APPLICATION FOR FINANCIAL ASSISTANCE**

**Name of school you will be attending September 2024:**

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**BIOGRAPHIC PROFILE**

1. Student ID #					2. TRN #					
3. NAME		Title	Last Name/Surname			First Name			Middle Name(s)	
4. Former NAME <i>(If Applicable)</i>		Title	Last Name/Surname			First Name			Middle Name(s)	
5. Name Type of Former Name: Maiden [ ] (Prior to) Deed Poll [ ] Other [ ] Please Specify _____										
6. Date of Birth <b>dd / mm / yyyy</b>				7. Sex: Male [ ] Female [ ]			8. Marital Status			
9. Country of Birth					10. Nationality					
11. Disability			12. Employment Status			13. Employer				
14. Employer's Address _____ _____										
15. Employer's Telephone _____					16. Employer's E-mail Address _____					
<b>CONTACT INFORMATION</b>										
17. Permanent Address					18. Term/Mailing Address (if you reside on Hall please provide full details)					

Apt./Street/P.O. Box _____ _____ _____			Apt./Street/P.O. Box _____ _____ _____		
City/Town	Parish	Country	City/Town	Parish	Country
19. Home Phone		20. Cellular Phone		22. E-mail Address	
21. Contact Phone					

**ACADEMIC PROFILE**

23. Faculty of Admission	24. Programme (B.A., B.Sc. B.Ed, Diploma etc.)	25. State your Major/Option
26. Enrolment Status	27. Level	28. Expected Date of Graduation
29. University		

**PARENTAL INFORMATION**

<p><b>Mother or Stepmother</b> (Omit as necessary)</p> <p>30. Name _____</p> <p>31. Address _____ _____ _____</p> <p>32. Telephone (W) _____</p> <p>33. Telephone (H) _____</p> <p>34. Occupation _____</p> <p>35. Employer _____</p> <p>36. Salary \$ _____</p> <p>Weekly - [ ] Fortnightly - [ ] Monthly - [ ] Annually - [ ]</p>	<p><b>Father or Stepfather</b> (Omit as necessary)</p> <p>37. Name _____</p> <p>38. Address _____ _____ _____</p> <p>39. Telephone (W) _____</p> <p>40. Telephone (H) _____</p> <p>41. Occupation _____</p> <p>42. Employer _____</p> <p>43. Salary \$ _____</p> <p>Weekly - [ ] Fortnightly - [ ] Monthly - [ ] Annually - [ ]</p>
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**SPOUSAL INFORMATION**

**DEPENDENT CHILDREN**

<p>44. Name _____</p> <p>45. Address (If Different from Applicant's Permanent Address) _____ _____ _____</p> <p>46. E-mail Address _____</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">52. Name _____</td> <td style="width: 30%;">53. Age _____</td> </tr> <tr> <td colspan="2">54. Name of Child's School _____</td> </tr> <tr> <td>55. Name _____</td> <td>56. Age _____</td> </tr> <tr> <td colspan="2">57. Name of Child's School _____</td> </tr> <tr> <td>58. Name _____</td> <td>59. Age _____</td> </tr> <tr> <td colspan="2">60. Name of Child's School _____</td> </tr> </table>	52. Name _____	53. Age _____	54. Name of Child's School _____		55. Name _____	56. Age _____	57. Name of Child's School _____		58. Name _____	59. Age _____	60. Name of Child's School _____	
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55. Name _____	56. Age _____												
57. Name of Child's School _____													
58. Name _____	59. Age _____												
60. Name of Child's School _____													

47. Telephone (H)	61. Other Dependent Children?    Yes [ ]        No [ ]
48. Telephone (W)	
49. Occupation	
50. Employer	
51. Salary \$ _____	
Weekly - [ ]    Fortnightly - [ ]    Monthly - [ ]    Annually - [ ]	

**BUDGET PLANNER**

62. Budget for Academic Year \_\_\_\_\_/\_\_\_\_\_

Expenses (\$)	Income/Resources (\$)
63. Tuition Fees	72. Present Bank Balance
64. Books and Supplies	73. Spouse's Contribution
65. Accommodation	74. Family Contribution
Hall of Residence	75. Contribution From Other Sources
Off Campus	76. Proceeds From Employment
66. Food	77. Awards (e.g. Scholarships, Bursaries)
67. Clothing	Name of Award                                Value
68. Toiletries	a. _____ (\$) _____
69. Transportation	b. _____ (\$) _____
To and From school	c. _____ (\$) _____
Field Trip	78. Tuition Loans (e.g. SLB etc.)            Value
70. Contingencies (Please Specify)	a. _____ (\$) _____
Item    Cost (\$)	b. _____ (\$) _____
a. _____	79. Grants
b. _____	a. _____ (\$) _____
c. _____	b. _____ (\$) _____
d. _____	80. Other Income/Resources
<b>71. Total Expenses</b>	<b>81. Total Income/Resources</b>
=====	=====

82. Shortfall (Subtract Total Expenses from Total Income)

83. Have you applied for transfer to another Faculty/Campus/University in the upcoming academic year? Yes [ ] No [ ]		
84. If yes to Ques. 89 state name of:	85. Faculty	86. Campus/University
87. Have you been awarded a Scholarship/Bursary tenable Yes [ ] No [ ]		
88. If Yes, state name of Award _____		
89. Value \$ _____		
<b>90. Co-Curricular Record</b>		

91. I affirm that the information provided within this form is correct:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)

**\*\*It is a requirement for any recipient to serve as a volunteer in an area of your choosing in the Mobay Run City. If you are selected a list of the areas would be provided.**

**Referee's Affidavit**

92. <b>NAME</b>			
Last Name/Surname	First Name	Middle Initial(s)	
93. Home Address			
94. Telephone (H)	95. Telephone (W)	96. E-mail Address	
97. Occupation		98. Name of Employer/Business	
99. Name of <b>STUDENT</b> being recommended			
100. How long have you known him/her?	Year(s)	Month(s)	
101. What do you know of the applicant's family?			
102. What do you know about the co-curricular activities of the applicant?			

103. Is this person experiencing financial difficulties?      Yes [ ] No [ ]

104. If 'yes' please explain:

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105. Would you regard the student as someone with integrity?      Yes [ ] No [ ]

106. If 'yes' please explain:

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107. How would assistance from this office benefit the student?

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108. Is there any other pertinent information that you think we should know?      Yes [ ] No [ ]

109. If 'yes' please explain:

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110. I hereby declare that the information provided above and by the applicant is to the best of my knowledge true.

111. This is a contractual arrangement in consideration of a scholarship, and if any recipient feels they will be unable to volunteer on behalf of the run, we urge you not to sign.



Signed \_\_\_\_\_

Date **dd/mm/yyyy**

**MUST BE STAMPED**

- Senior member of the academic staff
- Student Services' Managers
- Guidance Counsellors (Health Center)
- Justices of the peace
- Ministers of Religion