



MINISTRY OF FINANCE AND THE PUBLIC SERVICE

30 National Heroes Circle, Kingston 4, Jamaica
 Phone: 876-922-8600-16 Fax: 932-5982 Website: www.mof.gov.jm

SCHOLARSHIPS FOR PUBLIC OFFICERS

APPLICATION FORM

Applicant should complete Sections A to C in **BLOCK CAPITALS** using black or blue ink. Applicant's HR Department must complete Section D. Forms not properly completed will not be processed.

NB: The Scholarship is in respect of tuition fees only and all payments will be made directly to the Institution upon receipt and verification of the supporting documents as per Circular No 9 dated July 1, 2020.

A. EMPLOYEE INFORMATION												
NAME												
	SURNAME				FIRST NAME				MIDDLE INITIAL			
TAXPAYER REGISTRATION NUMBER (TRN)					DATE OF BIRTH	DD	MM	YY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
	(WORK)					(CELL)						
CONTACT INFORMATION												
	TELEPHONE No.				EMAIL ADDRESS							
MINISTRY/DEPARTMENT/ AGENCY												
DIVISION/UNIT/DEPT.												
POST TITLE & GRADE												
B. EDUCATIONAL INSTITUTION INFORMATION												
NAME OF INSTITUTION						STUDENT ID NUMBER						
COURSE LEVEL	<input type="checkbox"/> CSEC/CAPE <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> ASSOCIATE <input type="checkbox"/> BACHELOR <input type="checkbox"/> MASTERS <input type="checkbox"/> PHD <input type="checkbox"/> OTHER											
NAME OF COURSE						START DATE		DD	MM	YY		
						END DATE		DD	MM	YY		
TUITION COST/BALANCE						ATTENDANCE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> ONLINE				
STUDY LEAVE GRANTED?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING		STUDY LEAVE PERIOD			BOND AGREEMENT SIGNED AT MOFPS?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
			FROM									To
HAVE YOU PREVIOUSLY RECEIVED FINANCIAL ASSISTANCE FROM GOJ FOR THIS COURSE OF STUDY?						<input type="checkbox"/> YES \$ _____ DATE(S): <input type="checkbox"/> NO						
C. DECLARATION												
I declare that the information on this form is to the best of my knowledge true, correct and complete. I acknowledge that any false information provided or any relevant information deliberately withheld, may result in the immediate disqualification under the programme.												
SIGNATURE							DATE		DD	MM	YY	
									DD	MM	YY	
D. FOR HUMAN RESOURCE DEPARTMENT						E. FOR SCHOLARSHIPS & ASSISTANCE UNIT (MOFPS)						
APPLICANT'S DATE OF EMPLOYMENT	DD	MM	YY			DATE RECEIVED	DD	MM	YY			
EMPLOYMENT STATUS (TEMPORARY/PERMANENT/ CONTRACT)						VERIFIED BY:	NAME					
DOCUMENT CHECKLIST	JOB LETTER	ACCEPTANCE LETTER	PROGRESS REPORT	TUITION COST/BALANCE			SIGNATURE		DD	MM	YY	
DOCUMENTS VERIFIED BY: DIRECTOR, HR / HEAD OF DEPARTMENT	NAME					SCHOLARSHIP APPROVED	<input type="checkbox"/> AMOUNT AWARDED \$ _____					
	SIGNATURE					SCHOLARSHIP NOT APPROVED	<input type="checkbox"/> REASON (S) NOT APPROVED: _____					
DATE VERIFIED	DD	MM	YY			SIGNED BY: DIRECTOR, SAU			DD	MM	YY	