

REGULATIONS GOVERNING THE GRANTING OF SCHOLARSHIPS

Please complete the attached form and submit it with your application.

Candidate must be:

- 1. A member of the Jamaica Teachers' Association Co-operative Credit Union Limited (in good standing).
- 2. A final year undergraduate or postgraduate (Masters) Student at a recognized University during the academic year **2016 2017**
- 3. On completion of the course, continue to teach for at least two (2) academic years.
- **N.B.** Where recipient fails to comply with No. 3 of the above, such a recipient will have breached this agreement and will be expected to refund to the Credit Union the entire amount granted for the scholarship.

I,	of	in
the parish of	, do	agree to continue teaching for at least
two (2) academic years on o	completion of my course.	I further agree that if I breach this
contract I will refund to the	Jamaica Teachers' Associa	tion Co-op Credit Union Limited the
entire amount granted for th	ne scholarship.	
Applicant Name	Appli	cant Signature
Witness Name	Witne	ess Signature
Date		



J.T.A. CO-OP CREDIT UNION SCHOLARSHIP FOR TEACHERS 2016 -2017

APPLICATION FORM

BEFORE COMPLETING THIS FORM, PLEASE READ THE ATTACHED COPY OF THE REGULATIONS

Each candidate should complete one copy of this form. The application form and supporting documents listed below should be returned to the HRD & Administration Manager, Jamaica Teachers, Association Co-op Credit Union Limited, 97A Church Street, Kingston. Closing date for application is **Friday, August 5, 2016**.

Closing date for application is Friday, August 5, 2016. The following supporting documents should be submitted with the application form: 1. A letter/transcript from the University certifying that candidate is a student of the institution and giving statement of grades 2. Two (2) character references (one (1) preferably from the University being attended) 3. Letter from Principal stating that candidate is a member of staff of that school University being attended: _____ 1. 2. Candidate's name: Surname Other Names Mr/Mrs/Ms 3. Place and date of birth: 4. Nationality: 5. Male () Female () Sex: Single () Married () Separated () 6. Marital Status 7. Home Address: 8. Mailing Address:

9.

Telephone No.

Names of Institutions	Years Attended	Level	Qualification Received
Courses undertaken in pilast school year	revious year/	Gra	des
Distinctions gained and o	offices held during	your educational	career.
Date of entry to Universi	ty:		
	ty:		
Date of entry to Universi	ty:	ajor:	