MINISTRY OF EDUCATION
CHASE FUND EARLY CHILDHOOD EDUCATION SCHOLARSHIP

APPLICATION FORM FOR SCHOLARSHIP

PHOTO

Teachers' College: _____

Student ID#:_____ TRN #:_____

1. Name of Applicant:_____
   Surname Christian Middle Initial

2. Mailing Address:_____

   _____

3. Telephone No:_____
   Home Work Mobile

4. Date of Birth:_____

5. Year: 1st ☐
   2nd ☐
   3rd ☐
   Final ☐

   Status: Part-time ☐
   Full-time ☐

6. Teaching Experience:

a. Early Childhood Institution:_____

b. Date From: _____ To:_____

7. Current Employment:_____

_____

8. Address:_____

_____

9. Principal/Head Teacher/Operator:_____ Tel No.:_____

10. Chairperson of School Board ☐ / Corresponding Sponsoring Body ☐ :

_____

11. Name of Zone (Basic Schools/Day Care Centres):_____

12. Name of Region:_____

13. Have you ever received a scholarship/grant for any tertiary training?
☐ Yes ☐ No

14. Where?_____

15. List the names of TWO confidential references including one from the Development Officer and one from the following:
a. Principal/Lecturer (Lecturer for Teachers already studying)
b. Chairperson/Corresponding Sponsor of School Board

Name:_____ Name:_____

Position:_____ Position:_____

Address:_____ Address:_____

Tel:_____ Tel:_____

16. In about 200 words, write your reasons for applying for the scholarship and the benefits you hope to gain from the training on separate attachment.

I _____ hereby certify that the information given is accurate to the best of my knowledge. I am aware that I will be bonded for a period as specified by the Ministry of Education (MOE).

_____ _____

Applicant Date

_____ _____

Chairman/Corresponding Sponsoring Body Date

_____ _____

Development Officer Date

Attachments

Supporting documents to be submitted with application form

- A letter of acceptance from the Teachers' College
- Two (2) passport size photographs
- Two (2) sealed recommendations from referees
- Attach summary for number 16

NB. Part-time students must be employed in an Early Childhood Institution (Basic, Infant, Preparatory, Day Care)

All applications MUST be submitted to the Early Childhood Commission at 8-10 Ocean Boulevard, Kingston CSO

OFFICIAL USE ONLY

Application accepted: **Yes** ☐ **No** ☐

Status: **Part-time** ☐
Full-time ☐

Scholarship Recommended : **Yes** ☐ **No** ☐

Scholarship Awarded: **Yes** ☐ **No** ☐ **Period**: _____

Signatures:

_____ _____
Ministry of Education **Date**

_____ _____
CHASE Fund **Date**

_____ _____
Teachers' College **Date**