



ALBERT “BERTIE” MORRIS SCHOLARSHIP
(Tenable for three years)

SECTION 1 – PERSONAL INFORMATION OF MEMBER

1. Member’s

Full Name

First Middle Surname

2. Account No.

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3. Date of

Membership

(yyyy/mm/dd)

4. Home Address

5. Telephone:

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6. Email:

7. Employer & Employer’s Address



CAPE/A'LEVEL PASSES

Institution	Examination	Subject	Year Taken	Grade

OTHER ACADEMIC/PROFESSIONAL CERTIFICATES

Institution	Certification	Level	Year	Certificate Classification

3. Highlights of School Career – Distinction, Awards, Positions held, Special Projects

4. Extra Curricular Activities – Sports, Games, School Clubs/Societies, Uniformed groups, Church and Community Activities.

SECTION 4 – TERTIARY EDUCATION

1. Have you already applied for tertiary level education? Yes No
2. Has a place been offered? Yes No Pending
3. If yes, has the place been accepted? Yes No
5. Name and Address of Tertiary Institution _____

6. Course of Study _____
7. Length of Course _____
8. Annual Tuition _____

SECTION 5 - FINANCING

1. Monthly Income of Applicant \$ _____
2. Monthly Income of Spouse/Other Parent \$ _____
3. Income from other sources \$ _____
4. Total income of both parents \$ _____

SECTION 6 – DOCUMENTS TO SUBMIT WITH APPLICATION

Submit with this application:

- a) Application Essay. The essay must be typed, double-space, in twelve-point Arial font format.

In 300 words state what your career goals are and how it is that your degree of choice will help in Jamaica’s development.

In 500 words state why you are the perfect candidate for this scholarship and how this scholarship will benefit you in your personal and professional life.

- b) A Passport size photograph
- c) Certified Copy of Birth Certificate
- d) Certified copies of Examination Certificate(s)
- e) Copy of the acceptance letter from the Tertiary institution
- f) Two recommendations/character references from either:
 - (i) the principal/ (a) senior teacher of the applicant's last school
 - (ii) a lecturer
 - (iii) a supervisor/manager
 - (iv) a minister of religion or
 - (v) a medical doctor
 - (vi) Justice of the Peace

The recommendations must bear the individual's official seal or the seal from their place of employment.

I certify that the information contained in this application is correct. I understand that if any information supplied by me is found to be incorrect, my application will be disqualified.

Signature of Applicant _____ Date _____

Name of Witness _____ Signature _____

Date _____

Application forms, along with all relevant documents, must be submitted by the latest Friday, July 15, 2022 at 4:30 p.m. to the Marketing Department, 65 ¾ Half Way Tree Road, Kingston 10.

For Use by the Credit Union	
Date Application Received _____	
Documents Submitted with application (Check those received)	
<input type="checkbox"/> Photograph	
<input type="checkbox"/> Birth Certificate	
<input type="checkbox"/> Essay	
<input type="checkbox"/> Acceptance Letter from New Institution	
<input type="checkbox"/> Examination Certificate(s)	
<input type="checkbox"/> References/Recommendations	
Committee's Decision _____	
Supporting Comments: _____	
