**THE MICO UNIVERSITY COLLEGE**

**MOFPS STEM SCHOLARSHIP**

**APPLICATION FOR MOFPS STEM SCHOLARSHIPS**

**Year:** 2024/2025

**INSTRUCTION SHEET**

1. Please **read the instructions carefully** before completing the application form. Answer all questions. Incomplete applications will not be processed.
2. Application forms should be submitted to The Mico via email to **apply@themico.edu.jm**. **Please submit documents listed with application form:**
* A recent passport-sized picture
* Certified copy of Birth Certificate
* Certified Copy of TRN
* Evidence of acceptance to The Mico University College.
* Completed referee’s form
1. **The Referee’s Form must be signed, stamped (or sealed).** Kindly note the following persons from whom references may be obtained:
	1. **Justices of the Peace**
	2. **Ministers of Religion**
	3. **High School Principal/Vice Principal**

**NOTE:**

### Applications will not be processed without the supporting documents and completed Referee’s Form.

### Matriculated applicants to The Mico will be contacted and an interviewed will be conducted.

### **CHECKLIST**

* Applicants will apply to The Mico University College.
* Applicants will apply separately for the STEM scholarship.
* Once accepted and processed, a list will be sent to the Ministry of Finance and the Public Service.
* Applicants will sign their Service Bond after receiving their awards.
* Annual progress reports will be submitted to the Ministry of Finance for each cohort.
* Students will need to maintain a minimum GPA of 3.0 to remain eligible for the Scholarship.

**THE MICO UNIVERSITY COLLEGE**

**MINISTRY OF FINANCE AND THE PUBLIC SERVICE STEM SCHOLARSHIPS**

**APPLICATION FORM**

**2024/2025**

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| **SECTION 1** |
| **1a. Title:** | **1b. Last Name:** | **1c. First Name:** | **1d. Middle Name(s):** |
| **2a. TRN** |  |
| **3. Date of Birth** | **DD** | **MM** | **YYYY** | **4. Sex:** | **5. Country of Birth:** |
|  |  |  | Male ☐ Female ☐ |  |
| **6. Nationality** | **7. Employment Status:** |
|  | Employed ☐ | Self-employed ☐ | Un-employed ☐ |
| **8. Permanent Address:** | **9. Mailing Address:** |
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| **10. Phone Numbers:** | **11. E-mail Address:** |
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| **12. High School (s) Attended:** |

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| **SECTION 2 – ACADEMIC INFORMATION** |
| **13. Faculty/Department** |  |
| **14. Name of Programme** |  |
| **15. State your Major/Option** |  |
| **16. Enrolment Status** | Part-time ☐ | Full-time ☐ | Deferred ☐ |
| **17. Are you a recipient of a scholarship?** | Yes ☐ No ☐ |
| **18. Current Scholarship** |  |

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| **SECTION 3 - WORK EXPERIENCE** |
| **19. Name of Organization** | **Position Held** | **From****dd / mm / yyyy** | **To****dd / mm / yyyy** | **Salary /month** |
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| **SECTION 4 - EXTRA-CURRICULAR INVOLVEMENT** |
|  **20. Name of Organization, Youth or****Service Club** | **Position Held** | **From****dd / mm / yyyy** | **To****dd / mm / yyyy** |
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| **21. State reasons for applying: (***Press Tab to type in the next line, if typing.)* |
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| **22. State your career goals and the contribution you intend to make towards the development of your community or country:** |
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23. *Declaration*

*I confirm that I have carefully read and understood the instructions and the information required for completing this application. I affirm that all statements made are truthful and comprehensive. I acknowledge that the information I have provided will remain confidential and will be utilized for the intended purpose.*

Applicant’s Signature Date (DD/MM/YYYY)

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| **FOR OFFICIAL USE****Scholarship Committee’s Decision** |
| **Recommended**: Yes ☐ No ☐ |
| **Reason:** |
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**THE MICO UNIVERSITY COLLEGE**

**APPLICATION FOR STEM SCHOLARSHIPS**

2024/2025

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| **REFEREE’S REPORT FORM** |
| This form must be completed by any one of the following persons: Justices of the Peace, Ministers of Religion, High School Principals/Vice Principals/Guidance Counsellors. Referees must know the applicant for at least ONE (1) year and should be able to attest to the information provided by the applicant. All referees must affix the official stamp of their office / department / organization. Justices of the Peace (JP’s) must affix their official seal provided by the Government. |
| **LAST NAME** |  | **FIRST NAME** |  | **MIDDLE NAME(S)** |  |
| **ADDRESS** |
|  |
| **TELEPHONE** | Home | Work  | Mobile |
| **E-MAIL ADDRESS** |  |
| **Name of APPLICANT being recommended:** |  |
| **How long have you known him/her?** | **Year(s):** |  | **Month(s):** |  |
| **In what capacity do you know applicant?** |
|  |
| **Would you regard the student as someone with integrity? Yes** [ ]  **No** [ ]  **If ‘yes’ please explain:**  |
|  |
| **Is there any other pertinent information that you think we should know? Yes** [ ]  **No** [ ]  **If ‘yes’ please explain:** |
|  |
| **I hereby declare that the information provided above and by the applicant is to the best of my knowledge true**. |
| X |  |  |
| Signature |  | **DD / MM / YYYY** Date |
| NB: Typed name will not be accepted |  |  |