



**JSB & MARLON KING MEMORIALSCHOLARSHIP**  
**APPLICATION FORM**

**Instructions**

1. *All sections of this form must be fully completed. Incomplete applications will not be considered.*
2. *Complete the form using BLOCK LETTERS.*
3. *A photograph of the applicant must also accompany this application.*
4. *Applications must be submitted by last working day in July to the Jamaica Society for the Blind, 111½ Old Hope Road, Kingston 6.*
5. *Certified Copies of the most recent transcript/reports must accompany the application. A Principal, Justice of Peace, Pastor, or Guidance Counselor can certify the copies.*
6. *Prepare an essay no less than 250 words for the secondary level and 600 words for the tertiary level, stating why you are the most suitable candidate for the scholarship. Attach the essay to application form.*
7. *Provide two character reference is to be submitted with the application. A Principal, Justice of Peace, Pastor, or Guidance Counselor can provide the reference.*
8. *Applicants must have a disability or be the child of a parent with a disability and must be registered with a recognized organization for persons with disabilities that is registered in Jamaica (e.g., The Jamaica Society for the Blind, Combined Disabilities Association, Jamaica Association for the Deaf, Jamaica Council for Persons with Disabilities).*

<b>Name of Applicant</b>			<b>Sex</b>
_____	_____	_____	<input type="checkbox"/> Male
Last	First	Middle	<input type="checkbox"/> Female
<b>Date of Birth (DD-MM-YY)</b>			
<b>Types of Disability:</b>			
<input type="checkbox"/> Physical <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Blind <input type="checkbox"/> Deaf <input type="checkbox"/> Hard of Hearing			
<input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Multiple (Specify Types) _____			
<b>Home Address</b>			
<b>Mailing Address (If different from Home Address)</b>			
<b>Home Telephone Number:</b>		<b>Email Address:</b>	
_____			
<b>Cellular Telephone Number:</b>			
_____			
<b>Next of Kin (Full Name)</b>	<b>Relationship (e.g. guardian, mother)</b>	<b>Telephone Number(s)</b>	
_____	_____	_____	



Name & Address of Institution Currently Attending and/or Will Attend	Telephone Number	Course of Study (state CSEC/CAPE/Vocational Subjects and/or Type/Major of Degree)

Extra Curricula Activities (Sports, Clubs, Social, Academic etc.)		
Name of Activity	Period served	Position Held

**Which scholarship are you applying for? (Tick only one)**

JSB Scholarship (Persons who are blind and visually impaired or their children only)

Marlon King Memorial Scholarship (persons with disabilities other than blindness or visual impairment)

**Have you applied for or received funding from any other institution?  Yes  No**

**If yes to the above question, state the name of the funder and amount received or to the amount applied for**

Name of Funder	Amount Received (\$)	Period of Funding (Year)
Name of Funder	Amount Applied For (\$)	Period of Funding (Year)



**CERTIFICATION:** I certify that the information given in this application is complete and accurate to the best of my knowledge. If selected as recipient of this Scholarship, I agree to comply with the regulations and conditions governing such Scholarship.

**Name of Applicant:** \_\_\_\_\_ **Signature** \_\_\_\_\_  
(Please print in BLOCK LETTERS)

**Name of Parent/Guardian:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
(Please print in BLOCK LETTERS)

**Dated at** \_\_\_\_\_ **this** \_\_\_\_\_ **of** \_\_\_\_\_ **20** \_\_\_\_\_

**THIS SECTION BELOW IS FOR OFFICIAL USE ONLY**

**Name of Officer:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date (Application Received):** \_\_\_\_\_

**Date application reviewed:**

**Decision Taken:**

**Approved**

**Disapproved**

**Other:**

**State reason for decision.**

**Date**

**Name of Committee Chairman**

**Signature**