

GLENCORE SCHOLARSHIP FUND
SCHOLARSHIP APPLICATION FORM

GLENCORE AG SCHOLARSHIP FUND FOR BAUXITE PARISHES
Administered by The Bauxite and Alumina Trading Company of Jamaica
36 Trafalgar Rd, Kingston 6
SCHOLARSHIP APPLICATION FORM

Instruction Sheet

- Please **read the instructions carefully** before completing this form and answer **all** relevant questions. **INCOMPLETE applications will not be processed.**
- Please indicate ‘N/A’ where the information requested in a section is not applicable to your situation.
- The application form should be completed in **BLOCK CAPITALS** only.
- The completed application form should be submitted along with a **copy** of your **SEMESTER ONE (1) PROGRESS REPORT** for the 2013/14 academic year (returning students) **OR** copies of your **CXC/CSEC** and/or **CAPE** results (new students).
- Please ensure that the scholarship is applicable to your Faculty, Programme, Year or any other criterion stipulated on the scholarship listing.
- The scholarships are awarded to students of science, technology or sport, but does not include medicine.
- Please note that you are required to provide copies of **all** supporting documents requested, including academic and co-curricular record.
- Students are allowed to have one (1) award of any value **OR** multiple awards where the sum totals of these award values do not exceed Three Hundred and Twenty Five Thousand Dollars (\$325,000).
- Where income figures are required, gross amounts should be stated.
- Students are requested to provide information on their participation in on or off-campus/high school **co-curricular activities** as it is **a criterion of each award**. In each case you are requested to submit the following:
 - For On-Campus/High School Co-curricular Activities:
A letter from the President, Principal/Designate of the Club/Societies certifying membership and/or position held. A letter may also be requested from the Students Union VP Clubs and Societies.
 - For Off-Campus/Non School Co-curricular Activities:
A letter of support written by the President/Chairman or Secretary of the Body/Association to which you belong. The letter should state clearly:
 - I. The nature of the Body/Association.
 - II. The length and nature of the applicant’s involvement.

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1.0 BIOGRAPHIC PROFILE					
1. ID #			2. Title: Mr. Mrs. Ms. Miss Other _____ (State)		
3. NAME		Last Name:	First Name:		Middle Name(s):
4. FORMER NAME <i>(If Applicable)</i>		Title:	Last Name:	First Name:	Middle Name(s):
5. Name Type of Former Name: Maiden <input type="checkbox"/> (Prior to) Deed Poll <input type="checkbox"/> Other <input type="checkbox"/> Please Specify _____					
6. Date of Birth: dd / mm / yyyy		7. Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		8. Martial Status: _____	
9. Parish of Birth/Residence			10. How long Resident of Bauxite Parish		
11. Disability: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Please State _____		12. Employment Status:		13. Employer:	
14. Employer's Address: _____ _____					
15. Employer's Telephone: _____			16. Employers E-mail Address: _____		
2.0 CONTACT INFORMATION					
17. Permanent Address Apt/Street/P.O. Box _____ _____ _____			20. Term Address (if you reside on Hall please provide full details) Apt/Street/P.O. Box _____ _____ _____		
City/Town:	Parish:	Country:		City/Town:	Parish:
City/Town:	Parish:	Country:		City/Town:	Parish:
18. Home Phone:		19. Cellular Phone:		21. Home Phone:	
18. Home Phone:		19. Cellular Phone:		22. Cellular Phone:	
23. E-mail Address: _____					
3.0 ACADEMIC PROFILE					
24. High School:			24a. Year of Graduation		
25. University accepted or Attending:			25a. Present Faculty		
26. Programme Pursuing:			27. State your Major:		
28. Indicate Your Enrollment Status: Fulltime <input type="checkbox"/> Evening <input type="checkbox"/> Part-Time <input type="checkbox"/>				29. Year of Study 2014/15: 2 3 4 5	
30. Have you Transferred from a Community College? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state _____					
31. Expected Date of Graduation: dd / mm / yyyy			32. Hall of Residence (Residing):		
33. Have you applied for transfer to another Faculty in the upcoming academic year? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state: Faculty _____ Programme: _____					
34. Have you been previously awarded a Scholarship/Bursary Yes <input type="checkbox"/> No <input type="checkbox"/> If yes state: Award Name _____ Value \$ _____					

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4.0 PARENTAL INFORMATION				
Mother/Stepmother/Caregiver (Omit as necessary)		Father/Stepfather/Caregiver (Omit as necessary)		
35. Name _____		42. Name _____		
36. Address _____ _____ _____		43. Address _____ _____ _____		
37. Telephone (W):		44. Telephone (W):		
38. Telephone (H):		45. Telephone (H):		
39. Occupation:		46. Occupation:		
40. Employer:		47. Employer:		
41. Salary \$ _____ Weekly -[] Fortnightly -[] Monthly -[]		48. Salary \$ _____ Weekly -[] Fortnightly -[] Monthly -[]		
5.0 SPOUSAL INFORMATION		6.0 DEPENDENT(S)		
49. Name:		57. Name		58. Age:
50. Address (If different from Applicant's Permanent Address) _____ _____ _____		59. School		
		60. Name		61. Age:
		62. School		
51. E-mail Address:		63. Name		64. Age:
52. Telephone (W):		65. School		
53. Telephone (H):		66. Other Dependent(s)? Yes [] No []		
54. Occupation:		Please Specify _____ _____ _____		
55. Employer:		_____ _____		
56. Salary \$ _____ Weekly -[] Fortnightly -[] Monthly -[]		_____ _____		
7.0 WORK EXPERIENCE				
67. Indicate jobs held within last five(5) years (including vacation and part-time employment)				
Organisation Name	Position Held	From	To	Salary/Month
		dd / mm / yyyy	dd / mm / yyyy	
		dd / mm / yyyy	dd / mm / yyyy	
		dd / mm / yyyy	dd / mm / yyyy	
		dd / mm / yyyy	dd / mm / yyyy	
		dd / mm / yyyy	dd / mm / yyyy	

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8.0 CO-CURRICULAR RECORD		
68. Please indicate the Co-curricula activities in which you are involved: Sports [<input type="checkbox"/>] Clubs/Societies [<input type="checkbox"/>] Community Base Activity [<input type="checkbox"/>]		
<u>CURRENT INVOLVEMENT</u>		
Sports	Clubs/ Societies	Community Activity
Activity Name:	Name:	Name:
Competition Entered:	Position Held:	Position Held:
Competition Date: <i>dd / mm / yyyy</i>	Membership Date: <i>dd / mm / yyyy</i>	Membership Date: <i>dd / mm / yyyy</i>
Activity Name:	Name:	Name:
Competition Entered:	Position Held:	Position Held:
Competition Date: <i>dd / mm / yyyy</i>	Membership Date: <i>dd / mm / yyyy</i>	Membership Date: <i>dd / mm / yyyy</i>
Activity Name:	Name:	Name:
Competition Entered:	Position Held:	Position Held:
Competition Date: <i>dd / mm / yyyy</i>	Membership Date: <i>dd / mm / yyyy</i>	Membership Date: <i>dd / mm / yyyy</i>
<u>PAST INVOLVEMENT</u>		
Sports	Clubs/ Societies	Community Activity
Activity Name:	Name:	Name:
Competition Entered:	Position Held:	Position Held:
Competition Date: <i>dd / mm / yyyy</i>	Membership Date: <i>dd / mm / yyyy</i>	Membership Date: <i>dd / mm / yyyy</i>
Activity Name:	Name:	Name:
Competition Entered:	Position Held:	Position Held:
Competition Date: <i>dd / mm / yyyy</i>	Membership Date: <i>dd / mm / yyyy</i>	Membership Date: <i>dd / mm / yyyy</i>
Activity Name:	Name:	Name:
Competition Entered:	Position Held:	Position Held:
Competition Date: <i>dd / mm / yyyy</i>	Membership Date: <i>dd / mm / yyyy</i>	Membership Date: <i>dd / mm / yyyy</i>

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11.0 ACADEMIC DISTINCTIONS AND/ OR PRIZES RECEIVED	
72. State all academic distinctions or prizes received and the year.	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

12.0 PREVIOUS ASSISTANCE RECEIVED		
73. State all previous assistance you have received towards your training.		
Donor (Company Name)	Year	Amount(\$)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE. ALL GCE, CXE, CAPE, UNIVERSITY, COLLEGE REPORTS OR OTHER ACADEMIC DOCUMENTS MUST BE PRESENTED WITH THIS APPLICATION

FOR OFFICIAL USE ONLY	
<u>Documents Submitted</u>	
_____	_____
_____	_____
_____	_____

ASSESSMENT COMMITTEE'S DECISION	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____