



Sickle Cell Support Foundation of Jamaica

Sharing, Caring, Empowering



30th Anniversary Scholarships & Bursaries

Applications are open to Jamaican residents living with Sickle Cell Disease (not the trait), over 17 years old, who are in financial need and pursuing one of the following options:

🎯 [Option 1] Tertiary Scholarship

valued at a maximum of \$450,000 per year

- **Any Degree level programme** offered by a university registered with the University Council of Jamaica

🎯 [Option 2] Bursary

valued at a maximum of \$60,000 per year

- **Skills training** – short courses at HEART, VTDI or any other recognized training institution; or sitting **CSEC/CAPE exams**.

🎯 [Option 3] iCreate Institute Certification


full sponsorship for select local courses

- **iCreate Certificate** in digital skills including Digital Marketing, Social Media Marketing and Content Marketing

Application forms available at:

>>>  **facebook @sickle cell support foundation of jamaica**

>>>  **Instagram @scsfj_**

>>> the  **Sickle Cell Unit**, U.W.I., Mona (876) 927-2471

Completed application forms must be emailed to **sicklecellfoundationja@gmail.com** or dropped off at **Sickle Cell Unit** by **August 12, 2022**





SICKLE CELL SUPPORT FOUNDATION OF JAMAICA

30TH ANNIVERSARY SCHOLARSHIP AND BURSARIES

APPLICATION FORM

A. CONDITIONS

Applicants must:

1. Be a Jamaican citizen and reside in Jamaica
2. Have Sickle Cell disease (not the trait). This should be supported by a letter from the Sickle Cell Unit or a registered Medical Doctor. See Section B (1) below.
3. Be available to accept the scholarship/ bursary for the academic year in which the scholarship/ bursary is being granted.
4. Be in financial need and socioeconomic status must be verified by a letter from named person in Section B (2).
5. Be accepted to/ or be a full-time student of any of the following:
 - a. Any Degree level programme offered by a tertiary institution registered with the University Council of Jamaica (one scholarship at a maximum of \$450,000.00 per year)
 - b. Applicants already in a Degree programme must submit an official transcript showing at least a 2.3 GPA
 - c. A post secondary skills training such as iCreate Institute, HEART, VTDI or Maths Unlimited (one bursary for a maximum of \$50,000.00 per year)

Please note:

- Only shortlisted applicants will be contacted for interviews.
- Scholarship and Bursary recipients must:
 1. Maintain a minimum GPA of 2.3 in order to continue funding for the degree.
 2. Submit an official transcript by August 17 each year for the academic year completed.
 3. Join and become active members of the Sickle Cell Support Foundation of Jamaica (SCSFJ). Provide at least two years of voluntary service after completion of study.

**B. Supporting Documents Checklist –To be submitted along with the application form
To be emailed to sicklecellfoundationja@gmail.com by August 12, 2022**

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|----|--|
| 1. | Letter from the Sickle Cell Unit, UWI or Medical Doctor verifying that you have sickle cell disease. |
| 2. | Character reference letter from either a School Teacher, Principal, Minister of Religion, Justice of the Peace, Superintendent of Police or a more senior office of the Jamaica Constabulary Force verifying/describing your socioeconomic status.
Persons giving character references should state the following: <ol style="list-style-type: none"> a. How long they have been acquainted with the applicant and in what capacity. b. Their assessment of the quality of the applicant's character. c. The extent if any of the applicant's community involvement. d. A description of the financial situation of the applicant who is deserving of assistance. |
| 3. | Valid evidence of acceptance/ registration at the institution to which you have been accepted <u>except</u> those applying to iCreate Institute. iCreate registration will be processed through the Foundation. |
| 4. | Transcript for applicants in 2 nd or 3 rd year of tertiary study |

SECTION 1: APPLICANT INFORMATION

First Name:	Middle Initial(s):	Surname:

Sex: Male Female

Date of Birth: (DD/MMM/YYYY)

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Permanent Address:	Mailing Address:

Home Phone #:	Cellular Phone #:

Email Address:

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Marital Status:

Never married Married Separated Divorced

Employment Status:

Unemployed Employed (part-time) Employed (full-time)

Student Self-Employed

Other (Please state)

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If Employed please complete the following:

Employer:	
Employer Address:	
Employer Telephone:	
Employer's Email:	

SECTION 2: ASSESSMENT OF NEED

Identify the primary provider within your family:

Self

Spouse

Mother

Father

Other (Please state)

Name of primary provider

Permanent Address:

Home Phone #:

Cellular Phone #:

Email Address:

Occupation

Place of Employment:

Number of dependent family members:

Age / (s) of Dependent(s):

SECTION 3: EDUCATIONAL RECORD

Institutions Attended	Years Attended		Awards or Certificates Received
	From	To	

Clearly list all examinations passed and where applicable include professional certificates and diplomas obtained. Submit hard or scanned copies along with application form for Bursary and iCreate applications

Examination CXC, GCE, CAPE, SSE, etc.	Subjects	Results (state level and grade)

Extra-curricular Activities: please outline the extra-curricular, volunteer or community activities you are involved in.

Club/ Organization	Position Held	From	To

SECTION 4: COURSE INFORMATION

I am applying for:

Scholarship (up to JMD \$450,000.00) Bursary (up to JMD \$60,000.00) iCreate Certificate

Course Information:

Name of Institution:	Course Title:	Duration: From _____ To _____
Award Expected: <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Diploma/ Certificate Other _____	Costs: Tuition \$ _____ Exam \$ _____ Other \$ _____ Total \$ _____	Course Type <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Online

In 200 – 500 words, write a statement outlining why you wish to pursue this course given your financial situation, your career goals, and the contribution you believe you will be able to make towards the community of individuals affected by Sickle Cell Disease after completing your course of study. Attach a typed sheet where needed

In 200 – 400 words, identify one challenge affecting young people living with sickle cell disease and suggest ways in which you can make a difference. Attach a typed sheet where needed

I am most interested in supporting the Sickle Cell Support Foundation of Jamaica (SCSFJ) through:

- | | | |
|---|---|--|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Membership Support | <input type="checkbox"/> Public Education | <input type="checkbox"/> Social Media Management |

References: Please provide the names and contact information of two persons willing to serve as character references. The Character reference letter must be prepared by one of these persons.

Name:	Name:
Address:	Address:
Employer (current or past if retired)	Employer (current or past if retired)
Position:	Position:
Telephone No:	Telephone No:
Email Address:	Email Address:

I hereby state that all the information provided herein is to the best of my knowledge true. I understand and accept that:

- a. Any attempt to mislead the committee will result in immediate disqualification and return of all monies disbursed.
- b. Any attempt to discontinue the specified course of study without legitimate reason will result in immediate disqualification and return of all monies disbursed.
- c. Upon acceptance of any award, awardees are required to become active members of the Sickle Cell Support Foundation of Jamaica (SCSFJ).

By accepting any award, applicants agree to make themselves available for participation in activities and promotions of the sponsors.

Name of Applicant:

Signature of Applicant:

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Date Submitted:

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For Internal Purposes

Approval Status: Approved

Not Approved

Date Reviewed:

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