



**THE JAMAICA CIVIL SERVICE MUTUAL THRIFT
SOCIETY LIMITED**

SCHOLARSHIP APPLICATION FORM

NAME OF CHILD : _____

DATE OF BIRTH : _____

ADDRESS : _____
: _____

NAMES OF PARENTS : _____

SCHOOL CURRENTLY ATTENDING: _____

GRADE/FORM : _____

ACADEMIC YEAR : _____
(Attach copy of School Report)

Extra Curricular Activities/Achievements

Certification by School

This serves to certify that the abovenamed is a student of _____

Academic performance for past year

Principal's Statement

(School Stamp)

Signature of Principal _____ Date _____

Signed by Parent/Guardian on behalf of child _____

Date _____

Telephone # (Home) _____

(Cel.) _____