

Institution	Course	Level of Qualification Obtained	Duration of Study

2. List your major achievements related to the programme of study (Awards received, positions held, events in which you have participated, etc.)

SECTION D – TEACHING EXPERIENCE

1. Early Childhood Institution: _____

Date From: _____ To: _____

2. Current Employment: _____

Address: _____

Principal/Head Teacher/Operator: _____

Telephone No: _____ / _____ / _____
Work Work Fax

Chairperson of School Board / Corresponding Sponsoring Body :

Name of Zone (Basic Schools/Day Care Centres): _____

3. Name of Region: _____

How long have you been employed in your current position? _____

SECTION E - REFERENCES

1. List the names of TWO confidential references from the following:

a. Principal/Lecturer (Lecturer for Teachers already studying)

- b. Chairperson/Corresponding Sponsor of School Board
- c. Church
- d. Community Organization

Name: _____

Name: _____

Position: _____

Position: _____

Address: _____

Address: _____

Tel: _____

Tel: _____

SECTION F – PERSONAL STATEMENT

1. On a separate attachment, in at least 200 words, write your reasons for applying for the programme and the benefits you hope to gain from successful training.

I _____ hereby certify that the information given is accurate to the best of my knowledge. I am aware that I will be bonded for a period as specified by the Ministry of Finance (MOF).

Applicant's Signature

Date

Application Checklist

In order to expedite your application, please ensure the following checklist is complete prior to the submission of your application

1. A passport size photograph
2. Acceptance letter
3. Two (2) recommendations
4. Transcript (where applicable)
5. Statement of Accounts/invoice from school
6. Attached essay for section F

**Please complete and submit along with required documents to the following e-mail:
ecescholarship@chase.org.jm**

OFFICIAL USE ONLY

Application accepted: Yes No

Date Received: _____

Scholarship Recommended : Yes No

Scholarship Awarded: Yes **Period:** _____

Amt Awarded: _____

Assessment:

Signatures:

CHASE Fund

Date