



Church Teachers' College
ALUMNI Association Inc.
 Mandeville | Jamaica

APPLICATION FOR THE
ALUMNI PHYSICAL EDUCATION AWARD

APPLICANT CHECKLIST

- Completed Application Form
- One passport size photograph
- Personal Statement entitled "Why I should be the successful candidate for the Alumni Physical Education Award"
- Copies of any achievements earned
- Letter of Acceptance from Church Teachers' College
- Official documentation stating specific costs per semester
- Academic Reference
- Character Reference
- Proof of domicile in Jamaica (i.e. Passport, Birth Certificate, Notarised Affidavit)

FOR OFFICIAL USE ONLY

- Copy of Offer Letter from College
- Personal Statement
- Contact Details Form
- Authorisation of Release of Grades

ACADEMIC CRITERIA

- Prospective or current CTC student who is pursuing Physical Education
- Minimum grade point average (GPA) of 2.5



Alumni Physical Education Award

OFFICIAL USE ONLY

Date of Application Submission: _____ Confirmation Receipt Sent: _____ Date: _____

Date of Interview: _____ Committee Recommendation: _____

Committee Comments: _____

Date of Board Review: _____

Board Decision: _____

Board Comments: _____

Decision Notification Letter Sent: _____ Date: _____

Alumni Physical Education Award (estab.2014)

Managed by: **Church Teachers' College Alumni Association Inc.** [Mandeville, Jamaica

Section 1: APPLICANT DETAILS

Degree Type: **DIPLOMA** **BACHELORS**

Name: _____
(last/family) (first) (middle)

Date of Birth: _____ Marital Status: _____
(dd/mm/yyyy)

Mailing Address: _____

Postal Code: _____ Email Address: _____

Primary Telephone: _____ Alternate Telephone: _____

Residential Address: _____

Section 2: PROGRAMME OF STUDY

Proposed /Actual Start Date: _____ Estimated Graduation Date: _____

Proposed /Actual Major: _____ Minor: _____

Total length of Programme: _____

Number of Semesters Completed (if any): _____

Graduation Requirements: _____

Total Programme Cost: _____

(*Please attach official documentation from the College to verify this amount.)

Submitted application for scholarship /funding: **YES** **NO**

(* If yes, please attached letter from private sector indicating their decision and reasons.)

Alumni Physical Education Award (estab.2014)

Managed by: **Church Teachers' College Alumni Association Inc.** [Mandeville, Jamaica

Section 3: EDUCATIONAL BACKGROUND

SECONDARY SCHOOLS

NAME OF SCHOOL	SCHOOL MAILING ADDRESS	SCHOOL TELEPHONE	DATES ATTENDED

SECONDARY SCHOOLS EXAMINATION RESULTS

EXAMINATION	SUBJECT	GRADE	DATES

POST-SECONDARY SCHOOLS

NAME OF SCHOOL	SCHOOL MAILING ADDRESS	SCHOOL TELEPHONE	DATES ATTENDED

*Please note that notarized transcripts, diplomas or certificates verifying the above information must accompany this application.

Extracurricular activities/community service/awards received: _____

Alumni Physical Education Award (estab.2014)

Managed by: **Church Teachers' College Alumni Association Inc.** [Mandeville, Jamaica

ACADEMIC REFERENCE (Confidential)

(To be completed by someone who has known the applicant for at least one year)

Name of Applicant: _____

Proposed Course of Study: _____

Name of Referrer: _____

Referrer Mailing Address: _____

Referrer Telephone: (work) _____ **(mobile)** _____

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Please give your assessment of this applicant's likelihood for success in the programme applied for:

To your knowledge, how does the applicant typically handle challenging situations?

Please comment on any other personal or general characteristics of this applicant.

Signature

Date

*Please return this reference directly to:

Chairman of the CTCAAI Scholarship Committee
c/o Aggett Crosbie
Church Teachers' College
40 Manchester Road
Mandeville, Manchester
JAMAICA

Or email to: ctcalumnischolarships@googlegroups.com

Alumni Physical Education Award (estab.2014)

Managed by: **Church Teachers' College Alumni Association Inc.** [Mandeville, Jamaica

CHARACTER REFERENCE (Confidential)

(To be completed by someone who has known the applicant for at least one year)

Name of Applicant: _____

Proposed Course of Study: _____

Name of Referrer: _____

Referrer Mailing Address: _____

Referrer Telephone: (work) _____ **(mobile)** _____

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Please give your assessment of this applicant's likelihood for success in the programme applied for:

To your knowledge, how does the applicant typically handle challenging situations?

Please comment on any other personal or general characteristics of this applicant.

Signature

Date

*Please return this reference directly to:

**Chairman of the CTCAAi Scholarship Committee
c/o Aggett Crosbie
Church Teachers' College
40 Manchester Road
Mandeville, Manchester
JAMAICA**

Or email to: ctcalumnischolarships@googlegroups.com