



**Church Teachers' College**  
**ALUMNI Association Inc.**  
 Mandeville | Jamaica

APPLICATION FOR THE  
**KERR-JARRETT GIFT OF HOPE AWARD**

APPLICANT CHECKLIST

- Completed Application Form
- One passport size photograph
- Personal Statement entitled "Why I should be the successful candidate for the Kerr-Jarrett Gift of Hope 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

**FOR OFFICIAL USE ONLY**

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

**ACADEMIC CRITERIA**

- Resident student of Church Teachers' College. Kerr-Jarrett Hall resident preferred.
- Specialist study in Early Childhood or Primary Education



*The Kerr-Jarrett Hall Gift of Hope*

**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: \_\_\_\_\_

**Kerr-Jarrett Gift of Hope Award (estab.2012)**

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.)

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**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:** \_\_\_\_\_

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**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 Mrs. Aggett Crosbie**  
**Church Teachers' College**  
**40 Manchester Road**  
**Mandeville, Manchester**  
**JAMAICA**

Or email to: [ctcalumnischolarships@googlegroups.com](mailto:ctcalumnischolarships@googlegroups.com)

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**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

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