



# SUMMER OF SERVICE COMPETITION - 2016

A Project of the I Believe Initiative

The Governor-General's Programme for Excellence

2016 Theme: *"Inspiring Individuals. Building Stronger Communities"*

Website: [www.ggpe.org.jm](http://www.ggpe.org.jm) Email: [ibi@ggpe.gov.jm](mailto:ibi@ggpe.gov.jm)

## SOS REGISTRATION FORM

PLEASE COMPLETE AND RETURN THIS FORM BY **THURSDAY, JUNE 9, 2016**

### A: REGISTRANT'S INFORMATION

LAST NAME:		FIRST NAME:		MIDDLE NAME:	<input type="radio"/> MALE <input type="radio"/> FEMALE
DATE OF BIRTH: MM / DD / YYYY	AGE:	TRN:		UNIVERSITY ID#:	
HOME PHONE:	MOBILE:		EMAIL:		
HOME ADDRESS (Apartment & Street #):					
DISTRICT / TOWN:			PARISH:		

### B: CONTACT INFORMATION FOR PARENT / GUARDIAN

LAST NAME:		FIRST NAME:		<input type="radio"/> MOTHER <input type="radio"/> FATHER <input type="radio"/> GUARDIAN
WORK PHONE:	MOBILE:		EMAIL:	
HOME ADDRESS (Apartment & Street #):				
DISTRICT / TOWN:			PARISH:	

### C: SCHOOL FOR UNDERGRADUATE STUDY

NAME OF UNIVERSITY TO WHICH YOU ARE MATRICULATING OR HAVE MATRICULATED:	
CAMPUS ADDRESS:	
DISCIPLINE / COURSE FOR WHICH YOU HAVE BEEN ACCEPTED:	
WHY HAVE YOU CHOSEN THIS AREA OF STUDY?	
SCHOOL ACCEPTANCE STATUS: <input type="radio"/> Full <input type="radio"/> Provisional	DURATION OF COURSE:

### D: SERVICE PROJECT DETAILS

IMPLEMENTING ORGANISATION:		
SUPERVISOR'S NAME:		SUPERVISOR'S POSITION / TITLE:
SUPERVISOR'S LANDLINE #:	MOBILE #:	EMAIL:
SOS PROJECT NAME:		PARISH:
STREET ADDRESS:		TOWN/DISTRICT:

**PROJECT DESCRIPTION:**  
Please provide details about your proposed service project. What do you intend to do? Why this organization and/or project?



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## E: ACADEMIC PERFORMANCE

HIGH SCHOOL(S) / COLLEGE(S) WHERE YOU COMPLETED THE CARIBBEAN ADVANCED PROFICIENCY EXAMINATIONS (CAPE) / ASSOCIATE DEGREE:

1. \_\_\_\_\_

2. \_\_\_\_\_

Subject:	1.	Grade/GPA:	Year:
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

## F: OTHER INFORMATION

HAVE YOU EVER OFFERED VOLUNTARY SERVICE FOR A WORTHY CAUSE?  Yes  No (If yes, indicate below where & for what cause)

\_\_\_\_\_

HOW DID YOU LEARN ABOUT THE SUMMER OF SERVICE COMPETITION?  Television  Radio  Print Media  GGPE Website  Other

(If other, state): \_\_\_\_\_

Kindly note that if a project is not approved we will make an effort (where possible) to place a competitor with a volunteer organization. The I Believe Initiative is unable to assist with money, refreshments or transportation during the competition.

## G: REGISTRANT'S DECLARATION

I am a Jamaican national pursuing my first undergraduate course of study. This is being done / will be done on a fulltime basis. The course of study is accredited by the University Council of Jamaica (UCJ) and the institution at which I am currently / will be enrolled is duly registered with the said Council.

I am currently unemployed and am in need of financial assistance to complete this course. I have not previously benefitted from a scholarship to pursue my studies. Should the opportunity of a scholarship arise leading up to the start of, during or following the competition, I will immediately advise the *Project Officer, Governor-General's Programme for Excellence* at (876) 927-6424 or 5 and via email at [ibi@ggpe.org.jm](mailto:ibi@ggpe.org.jm).

I declare that the information provided here is true. I understand that misrepresentation or failure to disclose required information will result in disqualification and a withdrawal of any prize that may have been awarded by the end of the competition:

Registrant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Justice of the Peace)

JP's STAMP

**FOR INTERNAL USE:**

Documents received from the Registrant:

<input type="checkbox"/> Completed SOS Registration Form	<input type="checkbox"/> Copy of University's Acceptance Letter
<input type="checkbox"/> Passport sized Photograph of Registrant	<input type="checkbox"/> Transcript (showing most recent courses completed)
<input type="checkbox"/> Character Reference Letter	<input type="checkbox"/> Other: _____