



2019 Summer Of Service Programme

"Engaging, Empowering & Inspiring Jamaicans"

Website: www.ggpe.org.jm

Contact Number: (876) 927-6424 or 5

Email: ibi@ggpe.org.jm

REGISTRATION FORM

PLEASE COMPLETE AND RETURN THIS FORM BY: **TUESDAY, APRIL 30, 2019**

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:				ANNUAL TUITION COST:			
WHY HAVE YOU CHOSEN THIS AREA OF STUDY?							
SCHOOL ACCEPTANCE STATUS: <input type="radio"/> Full-time <input type="radio"/> Provisional / Conditional				DURATION OF COURSE: _____ Years			
IF CURRENTLY ENROLLED, WHICH ACADEMIC YEAR ARE YOU COMPLETING?							

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:	Grade/GPA:	Year:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

ARE YOU OUTSTANDING CAPE / CXC SUBJECTS NECESSARY TO COMPLETE YOUR MATRICULATION: Yes No

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 PROGRAMME? 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 does not provide financial support for individuals to carry out their Summer Of Service Project.

G: REGISTRANT'S DECLARATION

I am a Jamaican national pursuing an undergraduate course of study which is being done / will be done on a full-time basis. The degree programme 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 / employed and am in need of financial assistance to pursue my degree. I have not previously benefitted from a scholarship to pursue my studies. Neither am I indebted to the Students' Loan Bureau (SLB) for any sums received. Should the opportunity of a scholarship arise leading up to the start of, during or following the SOS Programme, I will immediately advise the Governor-General's Programme for Excellence (GGPE) Secretariat in writing.

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 programme. I also understand that registration alone does not guarantee me a place in the SOS Programme – all information must be validated.

Registrant's Signature: _____

Date: _____

Witnessed by: _____
(Justice of the Peace)

Date: _____

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"/> Colour Profile Photograph (head to shoulder) - JPEG	<input type="checkbox"/> Transcript(s) (including the most recent courses completed)
<input type="checkbox"/> Character Reference Letter	<input type="checkbox"/> Other: _____