



# VM FOUNDATION FUTURE PLAN "HEAD-START" SCHOLARSHIP

## APPLICATION FORM

**SPECIAL INSTRUCTIONS | BEFORE COMPLETING THIS FORM, PLEASE READ THE REGULATIONS.**

The VM Foundation **Future Plan "Head-Start" Scholarship** is for students who will be starting tertiary education.

Each candidate should complete **one copy** of this form. The application form and supporting documents listed below should be returned to the nearest Branch of The Victoria Mutual Building Society (VMBS) or by email at **vmfoundation@myvmgroup.com**

Applications for the 2021 VM Foundation Future Plan "Head-Start" Scholarship Programme closes on **Friday, June 25, 2021**.

### The documents to be submitted along with the Application Form are:

1. A letter of recommendation from the candidate's school certifying that the candidate is a student of that school and stating the grades or copy of last two (2) end of year reports.
2. Letter of acceptance from the institution where the candidate is expected to pursue further studies.
3. **All applicants should be the holder of an active VMBS Savings Account.**

### The following supporting documents should be submitted at the interview if not already submitted:

1. Certified copy of the **CSEC and/or GCE O' Level/ CAPE** examinations results.
2. **Letter of acceptance** from the institution where the candidate is expected to pursue further studies.

1. **Name:** \_\_\_\_\_  
First Middle Name/s Surname

2. **Applicant's Contact Number/s:** \_\_\_\_\_

3. **Date of Birth:** \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ **4. Sex:** Male  Female  **5. Nationality:** \_\_\_\_\_  
Day Month Year

6. **Home Address:** \_\_\_\_\_  
 \_\_\_\_\_

7. **Mailing Address** (if different from home address): \_\_\_\_\_  
 \_\_\_\_\_

8. **Email Address:** \_\_\_\_\_

9. **Emergency Contact Name:** \_\_\_\_\_  
First Middle Name/s Surname

9a. **Contact Number/s:** \_\_\_\_\_ **9b. Relationship:** \_\_\_\_\_

10. **Name of Past School:** \_\_\_\_\_ **10a. Parish:** \_\_\_\_\_

11. **List all Clubs, Societies, Volunteer Initiatives, Teams that you've participated in:**  
 \_\_\_\_\_  
 \_\_\_\_\_

12. **Name of intended Tertiary Institution/s:** \_\_\_\_\_

13. **Course of Study:** \_\_\_\_\_

14. List how you will /plan to account for the remaining portion of your tuition. Should there be any uncertainty regarding the exact figure, please provide an estimate :

SOURCE (S)	\$
TOTAL EXPECTED SUPPORT	

(Please complete Scholarship Authorization and Certification overleaf)

VMFPS21

FOR OFFICAL USE ONLY	
MEMBER ACCOUNT VERIFICATION	
<p><b>THIS SECTION IS MANDATORY AND MUST BE VERIFIED BY A REPRESENTATIVE AT A VMBS BRANCH BEFORE AFFIXING SEAL. THE ACCOUNT SHOULD BE IN THE NAME OF THE APPLICANT.</b></p>	
<p><b>VMBS Account Number:</b> _____</p>	<p>STAMP/ SEAL</p> <div style="background-color: #cccccc; width: 150px; height: 100px; margin: 0 auto;"></div>
<p><b>Type of Account:</b> _____</p>	
<p><b>Name(s) on Account:</b> _____</p>	
<p><b>Branch Name:</b> _____</p>	
<p><b>Signature:</b> _____</p>	
<p><b>Date:</b> _____</p> <p style="font-size: small; text-align: center;">Day                  Month                  Year</p>	

**REGULATIONS GOVERNING THE GRANTING OF THE VM FOUNDATION FUTURE PLAN "HEAD-START" SCHOLARSHIP**

Each candidate must:

1. Be an active VMBS saver (that is, their savings account should **not** be dormant).
2. Have sat the CXC and/or GCE O'Level/ CAPE examinations in the given school year and have been accepted in a tertiary institution.
3. Have completed the **VM Foundation Future Plan "Head-Start"** Scholarship Application Form and submitted it to a Branch of VMBS before the closing date.
4. Attend an interview, (if the foundation requests).
5. Not be a recipient of any other Scholarships for the given year.
6. Be a Jamaican who attended school in Jamaica for at least the five years proceeding the year of application.

Applicants who have maintained an exemplary academic record and also play an active role in the development of his/her school community will have a significant advantage.

There will be three (3) awardees selected by the Scholarship Selection Committee. Scholarships are awarded for the duration of the course, or for a maximum of four (4) years, whichever is shorter, with a ceiling of **JMD \$200,000** being awarded each year.

**VM FOUNDATION FUTURE PLAN "HEAD-START" Scholarship Authorization & Certification**

**(FOR STUDENTS UNDER 18 YEARS)**

In accepting the VM Foundation Future Plan "Head-Start" Scholarship, I, \_\_\_\_\_, being the father/mother/legal guardian of \_\_\_\_\_, who is under 18 years old, hereby grant and assign to Victoria Mutual Group forever and throughout the world, the irrevocable, non-exclusive right to use his/her name, voice, photograph, images or likeness for any promotional, commercial, advertising, or other purpose as Victoria Mutual Group may desire, in all media, whether now known or hereafter devised, throughout the world in perpetuity (including, without limitation, in any print media or publications, on the Internet, on basic cable, free and pay television systems worldwide and all supplemental market uses, video cassette, DVD and/or video disc), and in all forms (including, without limitation digitized images), without further compensation or any limitation whatsoever, unless prohibited by law.

If any selected VM Foundation Future Plan "Head-Start" Scholarship winner cannot be contacted, is ineligible or fails to complete **LOCAL** tertiary education, he/she will forfeit the VM Foundation Future "Head-Start" Plan Scholarship and the VM Foundation will select an alternate winner.

I, \_\_\_\_\_, hereby certify that I am the father/mother/legal guardian of \_\_\_\_\_, and I have read and fully understood the above terms and conditions and I accept them. In addition, the information, which has been given to the above questions, is true and complete. I understand that any misrepresentation could lead to his/her disqualification as a candidate for this VM Foundation Future "Head-Start" Plan Scholarship.

\_\_\_\_\_  
(Signature of Applicant's Parent or Legal Guardian)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
(Date)

**(Please complete Scholarship Authorization and Certification overleaf)**

