

Seasonal Agricultural Workers Programme (SAWP) Scholarship

APPLICATION FORM



Ministry of Labour & Social Security

"Providing Opportunities, Stability & Social Protection"

Application No:

A APPLICANT INFORMATION (STUDENT)

Full Name : First Middle Last

Address :

Parish :

TRN :

Gender : Male Female

Date Of Birth :
D D M M Y Y

Email Address :

Telephone Number :

WhatsApp Number :

Are you a recipient of the Jamaica National Fields of Opportunity Scholarship?
 Yes No

Are you a recipient of the Ontario Fruit and Vegetable Growers' Association Scholarship?
 Yes No

B PARENT/GUARDIAN (SAWP WORKER) INFORMATION

Full Name : First Middle Last

TRN :

Telephone Number :

Relationship to applicant : Mother Father Legal Guardian

Contract Number : JC



Application No:

C EDUCATIONAL INFORMATION

Name of Current Institution :

Type of Institution : Secondary School (Lower 6th Form) Secondary School (Upper 6th Form) University College
 HEART/NSTA Trust Other (Specify)

Programme of Study :

Year of Study (e.g., 1st, 2nd, etc.) : Year Current GPA (if applicable) :

NVQJ Certification (if applicable) :

CARIBBEAN SECONDARY EDUCATION CERTIFICATE (CSEC)	
SUBJECT	GRADE

CARIBBEAN ADVANCED PROFICIENCY EXAMINATION (CAPE)	
SUBJECT	GRADE



Application No: _____

E REQUIRED DOCUMENTS CHECKLIST

Please tick () to confirm documents are attached:

- Completed Application Form
- CSEC/CAPE Results (6th Form Students)
- Official Transcript with GPA (University/College Students).
- NVOJ Certification (Students enrolled in HEART/NSTA Trust)
- Copy of Birth Certificate or Legal Guardianship Document.
- Copy of Government-Issued Identification (National ID, Passport, Driver's Licence or Voter's ID) or One (1) recent notarized passport-size photograph (no more than 6 months old).
- Letter from a Justice of the Peace (JP), Police (rank of Inspector and above), Pastor, Teacher or School Principal confirming community involvement.
- Official Statement of Account issued by the educational institution.

Incomplete applications will be disqualified.

F FOR OFFICIAL USE ONLY

Date Received : _____
DD-MM-YYYY

Application Complete : Yes No
IF NO, APPLICATION IS INELIGIBLE

Eligibility Verified : Yes No

Recommended : Yes No

Verified By: _____
Name and Position of
MLSS Representative

Date: _____
DD-MM-YYYY

Remarks

AFFIX PASSPORT PHOTO
