

# APPLICATION FORM



## TAND SCHOLARSHIP

For Children of Farmworkers Participating in the Seasonal Agricultural Workers Programme (SAWP) and employed in the province of British Columbia, Canada.

Academic Year: 2026 / 2027

Application Date :

Application No. :

### 1. APPLICANT INFORMATION (STUDENT)

Full Name :  First  Middle  Last

Date of Birth :       Gender :  Male  Female  
D D M M Y Y

School Currently Attending :

Grade/Form :  Average Attained :  Student ID :   
(Applicant should have B average and above)

### 2. SAWP WORKER INFORMATION

Full Name :  First  Middle  Last

Relationship to Applicant :  Mother  Father  Guardian Current SAWP Status :  Active  Inactive

Name of Employer (British Columbia, Canada) :  Number of Continuous Years on SAWP :  years

### 3. PARENT / GUARDIAN CONTACT INFORMATION

Full Name :  First  Middle  Last

Relationship to Applicant :  Mother  Father  Guardian

Street Address :

City :  Parish :

Telephone Number :  WhatsApp :

Email Address :

**NOT TO BE SOLD**

# 2026 TRAVEL AGENT NEXT DOOR SCHOLARSHIP APPLICATION FORM

Application No. :

## 4. DECLARATION

I certify that the information provided in this application is true and accurate.

I understand that:

- The applicant must not have previously received a Jamaica National Field of Opportunity Scholarship, OFVGA Scholarship, BCFGAs Scholarship, or a GOJ/SAWP Scholarship.
- The scholarship becomes invalid if the SAWP worker goes AWOL (absent without leave)
- Submission of false or misleading information will result in disqualification.

\_\_\_\_\_  
Name of Parent/ Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (DD-MM-YYYY)

## 5. FOR OFFICIAL USE ONLY

### Supporting Document Checklist

- Completed Application Form
- Proof of SAWP participation (3+ continuous years) in the province of British Columbia (signed employment contracts)
- Birth Certificate /relevant documentation to prove guardianship
- Student report card/transcript showing a B average.

Has the worker gone AWOL? :  Yes  No

*IF YES, APPLICATION IS INELIGIBLE*

Eligibility Verified :  Yes  No

Verified By: \_\_\_\_\_

Name and Position of  
MLSS Representative

Date (DD-MM-YYYY): \_\_\_\_\_

### Remarks


## RECEIPT

Application No. :

Application Date :

Name and Signature of  
MLSS Representative :