

ERROL ZIADIE MEMORIAL SCHOLARSHIP

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A. GENERAL INFORMATION

- **Specialist Area of Study:** Insurance
 - **Age Requirement:** Minimum 18 years of age
 - **Gender:** Male/Female
 - **Amount awarded:** full tuition for the Certified Insurance Technician Course (*Formerly Jamaica Insurance Diploma*)
 - **Tenable:** College of Insurance & Professional Studies
 - **Name of Organization offering scholarship:** BCMG Insurance Brokers
- (i) Each candidate is to submit a completed application form with all supporting documents to, College of Insurance & Professional Studies, 3a Richmond Avenue, Kingston 10. **NO LATER THAN August 16, 2024.**
- (ii) **Incomplete applications will not be considered**

B. ELIGIBILITY/QUALIFICATIONS:

Interested in the General Insurance field

Academic Qualifications

- A minimum of four (4) passes at CXC General Proficiency grade 1 OR
 - A minimum of four (4) passes at GCE O' levels grades A-B
- These passes must include English Language and Mathematics (or a mathematical subject)

OR

Maturity Requirement

- Minimum age of 25 years
- Have passes English and Mathematics at the levels mentioned above - Be employed in the insurance industry at a supervisory level

C. SUPPORTING DOCUMENTS

- (i) Two letters of reference
 - a) Professional - from a supervisor or colleague who can speak to your professional responsibilities and accomplishments.
 - b) Character Reference
- (ii) Two recent passport size photographs
- (iii) Certified copies of Official transcript of grades or similar proof of academic standing

Contact Information:

Telephone Number: 929-3340/2/3
Organization Website: www.cipsonline.edu.jm
Organization e-mail: info@cipsonline.edu.jm
Contact Name: Annette Robotham
Contact e-mail: arobotham@cipsonline.edu.jm

APPLICATION FORM

1. Name in full _____
Mr./Ms./Mrs.

(BLOCK CAPS)

2. Nationality and Citizenship

3. Place and date of birth

5. Marital Status _____
(b) No. of Children _____

6. Address for correspondence about this application

7. Permanent address if not the same as above

8. Home Tel: _____ Office Tel: _____
Cell Tel: _____ Email Address: _____

9. Occupation

10. Educational Record. Set out in chronological order.

SCHOOL	YEARS ATTENDED	CERTIFICATE/DIPLOMA GAINED

ACADEMIC QUALIFICATIONS - STATE DETAILS CLEARLY, WHERE APPLICABLE THESE SHOULD INCLUDE PROFESSIONAL CERTIFICATES AND DIPLOMAS OBTAINED.

DATE	EXAMINATION	SUBJECTS	STATE LEVEL (ADVANCE, ORDINARY, CXC or DIPLOMA)	RESULTS (DISTINCTION, CREDIT or PASS,

