

Montserrat Progressive Society of NY (MPS-NY) Announces 2017 College Scholarship Award

The Montserrat Progressive Society of New York, Incorporated (MPS-NY, Inc.) is inviting applications from 5th Formers at the Montserrat Secondary School for \$1,000USD scholarship to attend the Montserrat Community College (MCC).

To be considered, students must submit the following credentials:

Application Requirements

- An essay stating your goals/aspirations and the reason why you should be the recipient of this scholarship. (500-1000 words, typed, and double-spaced).
- Applicant's final official Montserrat Secondary School transcript.
- Two teacher recommendation letters, at least one from your last Math or English teacher.
- Applicants should have at least 5 CXC passes (General 1's or 2's), 2 in English & Math.
- Applicants must be accepted to the CAPE Associate Degree Programme at MCC.
- Applicants pursuing their degree must be registered for a minimum of 6 credits.
- Applicants should indicate their involvement in community development where applicable.

Deadline

The application and supporting documents must be e-mailed no later than **Friday, July 14, 2017** to: education@mpsofny.org

Read the statement below, sign and print.

I understand that the Education Committee will review the attached completed application and the decision of the committee is final. I also understand that I will only receive this scholarship once. I certify that all of the information contained in the documents is all accurate to the best of my knowledge.

Signature

Print

Montserrat Progressive Society of New York, Inc. Scholarship Application

Directions:

1. Complete application in black ink or type.
2. Email application to education@mpsofny.org by Friday, July 14, 2017.

Name: _____
 Last First Middle

Address: _____

Email: _____

Phone: Home (____) _____ Cell (____) _____

I. **EDUCATIONAL PLANS:** Montserrat Community College

Intended Major: _____

Intended Career: _____

II. **FAMILY BACKGROUND:**

Father's Name: _____

Mother's Name: _____

Parent's Address, if different from yours:

PLEASE LOOK OVER THIS FORM TO MAKE SURE YOU HAVE PROVIDED ALL OF THE REQUESTED INFORMATION. FAILURE TO DO SO MAY LESSEN YOUR CHANCE OF BEING SELECTED AS A SCHOLARSHIP RECIPIENT.

APPLICANT'S NAME: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

I verify the above information is correct. I give permission for this information to be viewed by the MPS-NY, Inc. Education Scholarship Committee.

PARENT SIGNATURE: _____ DATE: _____

To be completed by MPS-NY, Inc. Education Scholarship Committee.

Score: _____

Notes: _____
