



Jamaica Ex-Soldiers Association

P.O. Box 34582, North York RPO, Jane Trethewey, ON, M9N 3W7
www.jesatoronto.ca Email: jesatoronto@gmail.com, Tel: 416-578-7202/416-525-2346

In keeping with our mandate:

JESA established its Annual Student Scholastic Bursary Program in November 2006. The goal of this program is to recognize students of Jamaican heritage who have achieved academic excellence and demonstrated active community volunteering and participation.

Eligibility:

Qualification is based on full-time enrolment at any post-secondary institution and should commence the first semester/term following graduating from Grade 12.

Selection Criteria: (All information will be verified)

Selection shall be based on the following:

- ❖ Must be of Jamaican heritage.
- ❖ Maintained a B+ average in the last two years of high school (supported by an official copy of transcript for the last two years)
- ❖ Provide records of volunteering within their community and letter(s) of references from their high school.
- ❖ Submit a one-page, typewritten essay describing why they should be receiving the award.

Application Requirements:

Applications must be completed and submitted with the required documents noted above to JESA offices or via email. JESA may solicit supplementary or additional information if required. The attached consent forms must be completed by parents or guardians of applicants 17 and under and by applicants 18 and over.

The deadline for submission of the application package shall be no later than **Friday 17th, October, 2025**.

Please email completed applications to jesatoronto@gmail.com

The number of bursaries awarded is dependent upon available funding. **Only applicants who are selected will be contacted.** Visit us at www.jesatoronto.ca for more information.



SECTION 1 – APPLICATION FORM - To be completed by applicant

Please submit a complete application form with the requisite documentation. Incomplete applications will not be considered.

Legal Name: _____
Last/Family First/Given Middle (Complete)

Date of Birth: _____ **Jamaican Heritage** Yes No
mm/dd/yy

Permanent Address: _____
Street # Street Name Apt # City/Town Province

_____ @ _____ #: _____
Postal Code Email Address Cell #

SECTION 2 – SCHOLASTIC DATA

Graduating High School: _____
(Please Print or Type)

School Address: _____
Street # and Name City/Town Province Postal Code

Principal Name: _____ **Phone #:** (_____) _____ **Grade Average%:** _____
Area Code Number Ext

SECTION 3 - COMMUNITY INVOLVEMENT

1. Volunteer Position: _____ **Organization Name:** _____
Please Print or Type Please Print or Type

Organization Address: _____
Street # and Name City/Town Province Postal Code

Phone #: _____ **Duties:** _____
(Use overleaf if necessary)

2. Volunteer Position: _____ **Organization Name:** _____
Please Print or Type Please Print or Type

Organization Address: _____
Street # and Name City/Town Province Postal Code

Phone #: _____ **Duties:** _____
(Use overleaf if necessary)

Signature: _____

Complete bursary application package should include the following documents when submitting to JESA:

- ❖ Application Form
- ❖ Parental Consent Form.
- ❖ Copy of official transcript for the last 2 years.
- ❖ Copies of scholastic awards or achievements.
- ❖ One page written essay – ‘Why you should receive this award.
- ❖ Letters of reference to support community involvement. (at least two)
- ❖ Letter of acceptance to a post secondary institution
- ❖ Academic average not required as that will be calculated from the transcript



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PARENTAL CONSENT FORM

(for applicants 17 and under)

Student Name: _____

As Parent /Guardian of the above-mentioned student, I am fully aware of his/her the submission of an application to the Jamaica Ex Soldiers Association (JESA) Annual Scholastic Bursary Awards Program.

Should the above student be chosen to receive this award, I hereby give my consent for him/her to attend JESA's 33rd Annual Fundraising Banquet and Bursary Awards on Saturday November 1, 2025 to receive your award.

I further grant the Jamaica Ex Soldiers Association (JESA) permission to publish his/her photograph or likeness on their website and in other promotional materials.

Parent/Guardian's Name: _____

Contact No:  _____  _____

Email Address: _____

Signature: _____

Date: _____ 20 ____