



EDNA MANLEY COLLEGE OF THE VISUAL AND PERFORMING ARTS

1 Arthur Wint Drive, Kingston 5

Tel.: (876) 619-EDNA / (876) 754-8830-1 / (876) 960-6171

APPLICATION FOR ASSOCIATE, BACHELOR & POSTGRADUATE DEGREE, CERTIFICATE AND STUDIO CERTIFICATE PROGRAMMES

All questions applicable are to be appropriately answered. Please complete application form in **DUPLICATE**. Completed Application Forms must be accompanied by **two recent letters of recommendations; receipt of payment of application fee; two passport-sized photographs; original(s) and two copies of examination certificate(s), high school transcript** for recent high school graduates and the original and two copies of your **birth certificate, marriage certificate** (if applicable) and **deed poll** (if applicable).

SECTION A - PERSONAL DATA

1. Name					
Title	Last Name/Surname	First Name	Middle Name(s)		
2. a) Former Name (if applicable)					
Title	Last Name/Surname	First Name	Middle Name(s)	b) Type of Former Name: <input type="checkbox"/> Maiden <input type="checkbox"/> (Prior to) Deed Poll	
3. a) Permanent Address: Apt/Street/PO Box			b) Mailing Address (if different from 3.a): Apt/Street/PO Box		
City/Town/Post Office			City/Post Office		
Parish/County			Parish/ County		
State	Zip/Postal Code	Country	State	Zip/Postal Code	Country
4. Home Permanent Phone ()			5. Mailing Address Phone ()		
6. Cell Phone ()			7. Work Phone () Ext:		
8. Fax Number ()			9. Email Address		
10. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male			11. Date of Birth ____/____/____		12. T.R.N.
13. Country of Birth/National of		14. Country of Citizenship		15. a) Country of Residence	15.b) Duration
16. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			17. Religion/Denomination		
18. Have you previously been a student at the EMCVPA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to please state: a) Programme b) School c) Year			19. Study Option <input type="checkbox"/> Full-time (Full-time study programmes are scheduled Face-to-Face Mondays-Fridays 8:00am -8:00pm) <input type="checkbox"/> Part-time (Part-time study programmes are scheduled Mondays – Saturdays and may include Face-to-Face, Online and Blended options) **Timetables for each School will provide actual details of days and times		

EMERGENCY CONTACT INFORMATION

20. Name of Emergency Contact Person or Next of Kin					
Title	Last Name/Surname	First Name	Middle Initial	b) Relationship to Applicant	
a) Permanent Address Apt/Street/P.O. Box			b) Emergency Contact Home/Permanent Phone ()		
			c) Emergency Contact Cell Phone ()		
City/Town/Post Office			d) Emergency Contact Work Phone () Ext:		
Parish/County					
State	Zip/Postal Code	Country	Email Address:		

25. List educational institutions attended and any other programmes or courses you have completed.

Institution Name & Address	From (mm/yyyy)	To (mm/yyyy)	Type of Programme (eg. Cert/Dip)	Class of Award
	____/____/____	____/____/____		
	____/____/____	____/____/____		
	____/____/____	____/____/____		

26. Please list community/cultural or social activities in which you have been involved (e.g. JCDC Festival, Digicel Rising Stars, etc).

SECTION D - SOURCE OF FUNDING

27. Will you be able to meet your financial obligation by August of year of acceptance?

Yes No

28. Expected source of funding

Government (specify): _____
 Loan
 Self
 Institution of Origin
 Donor (specify): _____
 Parents
 Award (Specify): _____

SECTION E – EMPLOYMENT RECORD (if applicable)

29. a) Name of Employer			b) Name of Employer		
Position			Position		
Address: Apt/Street/PO Box			Address: Apt/Street/PO Box		
City/Town/Post Office			City/Post Office		
Parish/County			Parish/ County		
State	Zip/Postal Code	Country	State	Zip/Postal Code	Country
From	To		From	To	
____/____/____	____/____/____		____/____/____	____/____/____	

SECTION F – PURPOSE STATEMENT

30. Write a short paragraph to explain why you wish to take this programme of study and what you hope to do on completion of training. For applicants of the **Education Degrees** write a short paragraph explaining why you wish to teach (*Do not use additional paper*).

31. How did you hear about EMCVPA?
 Newspaper
 Television
 College Website
 Career Day/Expo
 Radio
 Referral
 Brochures/Printed Material
 Social Media (Facebook, Twitter, etc)
 Other (please specify) _____

SECTION G – REFEREE INFORMATION

32.a) Name of Referee			32.b) Name of Referee		
Name of Organization/ Position			Name of Organization/ Position		
Address: Apt/Street/PO Box			Address: Apt/Street/PO Box		
City/Town/Post Office			City/Post Office		
Parish/County			Parish/ County		
State	Zip/Postal Code	Country	State	Zip/Postal Code	Country

SECTION H – DECLARATION

<p>33. a) I hereby certify that I have read and understood the instructions and the information necessary for completing this application and that all statements made are true and complete. I understand that otherwise my admission to or registration in the College may be revoked.</p>	<p>b) This application is made with my consent and I intend to provide such fees as may be payable to the College.</p>
<p>_____/_____/_____ Signature of Applicant Date (dd/mm/yyyy)</p>	<p>_____/_____/_____ Signature of Parent/Guardian Date (dd/mm/yyyy)</p>

FOR OFFICIAL USE ONLY
(This Section - to be completed by Edna Manley College Personnel)

<p>Documents Received:</p> <p><input type="checkbox"/> Application Fee Receipt no.: _____</p> <p><input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> Marriage Certificate</p> <p><input type="checkbox"/> Deed Poll</p> <p><input type="checkbox"/> Transcripts (<i>recent High School Graduates & persons who attended other Tertiary Institutions</i>)</p> <p><input type="checkbox"/> CXC/GCE Certificates</p> <p><input type="checkbox"/> Recommendations</p> <p><input type="checkbox"/> Photographs</p> <p><input type="checkbox"/> Other (specify): _____</p>	<p>Original Documents Returned:</p> <p>_____/_____/_____ Signature of Applicant Date (dd/mm/yyyy)</p> <p>_____/_____/_____ Signature of Students' Affairs Officer Date (dd/mm/yyyy)</p>
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<p>OFFICIAL ASSESSMENT:</p> <p>Qualified <input type="checkbox"/> Not Qualified <input type="checkbox"/></p> <p>Other Qualifications <input type="checkbox"/> Require additional Subject to Matriculate <input type="checkbox"/></p> <p>Refer for decision re. Matriculation <input type="checkbox"/> Qualified for Re-entry <input type="checkbox"/></p>	<p>COMMENTS:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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AUDITION/ASSESSMENT RESULTS

Audition (Dance, Music, Drama) Pass Fail Grade given _____

Portfolio Assessment (Visual Arts Interview) Pass Fail Grade given _____

Interview (Arts Management) Pass Fail Grade given _____

English Proficiency Pass Fail Grade given _____

Matriculated to:

Pre-College Year- School _____

Bachelor Degree _____

Associate Degree _____

Certificate _____

Mature Entry/Advanced Placement - year _____

College E-mail: _____ **Student ID#** _____