



OPEN SEPTEMBER 18, 2023

UNIVERSITY OF TECHNOLOGY, JAMAICA

DEPARTMENT OF STUDENT FINANCING

STUDENT WELFARE UNIT

GRANT APPLICATION FORM

Instruction Sheet

- Please **read the instructions carefully** before completing this form and answer **All** relevant questions. **INCOMPLETE applications will not be ACCEPTED.**
- Applicants are required to complete all sections of the form in **BLOCK LETTERS** only. Please indicate 'N/A' where the information requested in a section is not applicable.
- Students who falsify information will be disqualified from any future assistance from the Student Welfare Unit.
- You are required to submit a valid copy of your school I.D, plus copies of all the following, where applicable:

Tuition – A statement from the Department of Student Financing (DSF) confirming your outstanding balance on your tuition/boarding

Books, Medical and other equipment expenses - Invoice showing the cost of items/and or services needed

Bus Pass – Students receiving Transportation assistance will be required to collect a month supply of JUTC Bus Pass

- **Suitable Referees are: Pastors, Justices of the Peace, Medical Doctors, Special Needs Assistant, UTech Lecturers, Resident Managers and UTech Middle & Senior Managers.**
- **Qualification Criteria**
The following are the general conditions which should be met in order to benefit from assistance under the Student Welfare Programme:
 - ✚ Applicants must be able to prove that she/he has exhausted or have been turned down for all other available sources of financing for reasons other than the non-payment of previous loans.
 - ✚ Persons applying should have failed no more than two courses in the previous academic year. In exceptional cases however, where it is established that lack of funds has contributed significantly to poor academic performance, consideration may be given.
 - ✚ Students are only allowed **One (1)** benefit per Academic Year; second applications will not be considered.
 - ✚ Students who have benefited from other assistance, such as SLB, Sponsorships, Scholarships, JAMVAT, NYS etc. may **NOT** be treated as a priority.
 - ✚ Students on the PATH Programme are encouraged to provide a valid PATH no. on the Application Form.
 - ✚ Students are allowed to apply virtually provided that the Reference Affidavit Stamp is visible.

ALL INFORMATION PROVIDED WILL BE CHECKED AND VERIFIED

2023/2024 AY

Updated July 28, 2023



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1.0 STUDENT INFORMATION

1. ID #: _____ 2. TRN #: _____

3. Name: Mr. _____
Miss _____
Mrs. _____ Surname First Middle

4. DOB: _____ 5. Gender: Male Female 6. Marital Status: _____
dd/mm/yyyy

7. Country of Birth: _____ 8. Nationality: _____

9. Disability: Yes No , If yes, state: _____ 10. Employed: Yes No

11. Employer Name: _____ 12. Employer Address: _____

2.0 CONTACT INFORMATION

13. Permanent Address: _____	16. Term Address: _____
14. Phone(H): _____	17. Phone(H): _____
15. Cellular: _____	18. Cellular: _____
19. Email Address: _____	

3.0 ACADEMIC PROFILE

20. Faculty: _____ 21. School: _____

22. Enrollment Status: Fulltime Flexible 23. Year of Study: 1 2 3 4 5

24. Transferred from a Community College? Yes No , If yes, state: _____

25. Expected Date of Graduation: _____ 26. Hall of Residence: _____
dd/mm/yyyy

27. Have you been previously awarded a Scholarship/Bursary tenable at UTech? Yes No

If yes, state: Award Name _____

Value: \$ _____ Year _____

Award Name _____

Value: \$ _____ Year _____



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4.0 PARENTAL INFORMATION		
Please circle option that is applicable		
Mother/Stepmother/Caregiver	Father/Stepfather/Caregiver	
28. Name:	34. Name:	
29. Address:	35. Address:	
30. Phone(C): Phone(W):	36. Phone(C): Phone(W):	
31. Occupation:	37. Occupation:	
32. Employer:	38. Employer:	
33. Gross Monthly Salary:	39. Gross Monthly Salary:	
5.0 SPOUSAL INFORMATION	6.0 DEPENDENT(S)	
40. Name:	48. Name	49. Age:
41. Address (If different from Applicant's Permanent Address)	50. School	
	51. Name	52. Age:
	53. School	
	54. Name	55. Age:
42. E-mail Address:	56. School	
43. Telephone (W):	57. Other Dependent(s)? Yes No Please Specify	
44. Telephone (H):		
45. Occupation:		
46. Employer:		
47. Gross Monthly Salary \$ _____		
7.0 PREVIOUS ASSISTANCE RECEIVED FROM THE WELFARE OFFICE		
58. State all assistance received previously from the Welfare Office, (e.g. Earn and Study, Lunch Tickets, Cash Grant, Tuition, etc)		
Nature/Form of Assistance	Academic Year(s)	Amount(\$)



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8.0 SLB/PATH BENEFICIARY (PLEASE ANSWER ALL QUESTIONS IN THIS SECTION)

59. Did you apply to the Student Load Bureau (SLB) for the current academic year? Yes No

If Yes, Amount Received: Loan \$ _____ SLB Grant \$ _____

If No, Why?

Have you been a PATH Beneficiary? Yes No

Please State PATH Family Registration Number : _____

9.0 ASSISTANCE RECEIVED FROM EXTERNAL AGENCIES IN THIS ACADEMIC YEAR

60. Have you benefitted from any of the following:

Jamaica Values and Attitude (JAMVAT) Yes No

If yes, Amount Received: \$ _____ Academic Year: _____ / _____

Citizens Security & Justice Programme (CSJP) Yes No

If yes, Amount Received: \$ _____ Academic Year: _____ / _____

National Poverty Eradication Programme (NPEP) Yes No

If yes, Amount Received: \$ _____ Academic Year: _____ / _____

Ministry of Labour – Youth Empowerment Strategy (YES Programme) Yes No

If yes, Amount Received: \$ _____ Academic Year: _____ / _____

Ministry of Education Grants Programme (MOE) Yes No

If yes, Amount Received: \$ _____ Academic Year: _____ / _____

Social Development Commission (SDC) /Member of Parliament Yes No

If yes, Amount Received: \$ _____ Academic Year: _____ / _____

Assistance Received from any other Public or Private Agencies, Yes No

If yes, please specify:-

10.0 ASSISTANCE REQUIRED

61. Indicate the area of assistance for which you are applying by selecting the option below that best suits your need. ONLY ONE OPTION CAN BE SELECTED

Tuition

Text Books

Teaching Practical

Field Trips

Medical Expense

Bording

Other (Please State)



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11.0 ESSAY

62. Explain clearly why you are in need of Welfare Assistance. This should be **PROPERLY** written in no less than **250-300** words indicating your reasons for your financial situation



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12.0 REFEREE'S AFFIDAVIT

Please note: This affidavit should be completed by the Referee only.

63. Referee's Name Mr. Miss Mrs
Surname First Middle In.

64. Referee's Address:

65. Home Phone: _____ 66. Work Phone: _____ 67. Email: _____

68. Occupation: _____ 69. Name of Employer/ Business: _____

70. Name of Student being recommended: _____

71. How long have you known the applicant? Year(s): _____ Month(s): _____

72. Would you regard the applicant as someone with integrity? Yes No

73. What do you know of the financial situation of the applicant's family?

74. Is this Student experiencing financial difficulties? Yes No
If yes, Explain:

75. How would assistance from this Office benefit the applicant?

76. Is there any other pertinent information that you think we should know? Yes No
If yes, please explain:

77. I hereby declare that the information provided above and by the applicant is to the best of my knowledge true.

Signed: _____ Date: _____ Stamp/Seal:
dd/mm/yyyy

N.B.

- Referees should know the applicant for at least one (1) year and should be able to attest to the information provided by the applicant.
- Suitable Referees are: Pastor, Justice of the Peace, Medical Doctor, Special Needs Assistant, Resident Managers, UTech Lecturer or UTech Senior Manager.
- All Referees are required to affix the OFFICIAL STAMP of their Office / Department / Organization.
- The University reserves the right to verify any information provided on this form.



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FOR OFFICIAL USE ONLY
DOCUMENTS SUBMITTED

Registration Status	[]	Valid School ID Card	[]
Account Balance	[]	Progress Report	[]

ASSISTANCE AWARDED

STUDENT'S NAME: _____ **STUDENTS ID#:** _____

TYPES	VALUE OF ASSISTANCE \$\$	REMARKS
1.		
2.		
3		

WELFARE COMMITTEE SIGNATORIES

NAME	TITLE	SIGNATURE
1.		
2.		
3.		
Terry-Ann Rhule	Student Welfare Officer	

Date of Sitting:

dd/mm/yyyy

Round Robin

dd/mm/yyyy

COMMENTS

Department's Stamp: