



Open August 28-September 29,2023

**UNIVERSITY OF TECHNOLOGY, JAMAICA
DEPARTMENT OF STUDENT FINANCING
STUDENT WELFARE UNIT
LUNCH APPLICATION FORM**

Instruction Sheet:

1. Please **read the instructions carefully** before completing this form and answer **ALL** relevant questions. **INCOMPLETE** applications will not be **ACCEPTED**.
2. 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 to your situation. **ALL INFORMATION PROVIDED WILL BE CHECKED AND VERIFIED.**
3. Students who falsify information will be disqualified from any future assistance from the Welfare Office.
4. Completed application forms should be submitted to the Welfare Office.
5. A copy of your school ID must be attached to the application; as only registered students are eligible for lunch assistance.
6. **Suitable Referees: Pastors, Justices of the Peace, UTech Lecturers and UTech Middle & Senior Managers, Medical Doctors, Resident Manager and Special Needs Asst.**
7. Applications for lunch for the academic year will open officially in August of each year.
8. All successful applicants will be required to use a NCB MasterCard in order to receive the monthly lunch assistance. The MasterCard application form can be collected at the Student Welfare Unit (SWU).
9. Once approved, each recipient is eligible to receive lunch benefits for the entire academic year; provided that they register for all three semesters. **N.B – Students unregistered for the Summer Semester will not receive the benefit.**
10. Once the list of recipients for the academic year are approved and finalized in the semester there will be no additions of lunch benefit awards for the rest of the academic year.
11. Students are approved by the Student Welfare Committee for lunch assistance once per AY and consideration will be given in special circumstances.
12. Students are required to re-apply for lunch assistance at the start of the academic year.



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1.0 Student Information			
1. ID #:	_____		
2. TRN #:	_____		
3. Name:	_____		
Mr.			
Miss	Surname	First	Middle
Mrs.			
4. DOB: _	5. Gender: Male	Female	6. Marital Status: _____
7. Country of Birth: _____	8. Nationality: _____		
9. Disability: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state: _____		10. Employed: Yes No	

2.0 Contact Information			
10. Permanent Address: _____		11. Term Address: _____	

12. Phone(H): _____	13. Cellular: _____	14. Phone(H): _____	15. Cellular: _____
16. Email Address: _____			

3.0 Academic Profile			
17. Faculty: _____		18. School: _____	
19. Enrollment Status: Fulltime Part-time Evening		20. Year of Study: 1 2 3 4 5	
21. Transferred from a Community College? Yes No		If yes, state: _____	
22. Expected Date of Graduation: _____		23. Hall of Residence: _____	
dd/mm/yyyy			
24. Have you been previously awarded a Scholarship/Bursary tenable at UTech? Yes No			
If yes, state: Award Name _____ Year _____			
Other Assistance _____		Value: \$ _____	
Award Name _____		Value: \$ _____	



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4.0 Parental Information	
Please circle option that is applicable.	
Mother/Stepmother/Caregiver	Father/Stepfather/Caregiver
25. Name:	31. Name:
26. Address:	32. Address:
27. Phone(C): Phone(W):	33. Phone(C): Phone(W):
28. Occupation:	34. Occupation:
29. Employer:	35. Employer:
30. Gross Monthly Salary:	36. Gross Monthly Salary:

5.0 DEPENDENTS		
Do you have any children? Yes <input type="checkbox"/> No <input type="checkbox"/>		
SPOUSAL INFORMATION	DEPENDENTS	
37. Name:	43. Name:	48. Age
38. Address:	44. School	
39. Email Address:	45. Name:	49. Age:
40. Telephone (H)	46. School:	
41. Employer Name:	47. Other Dependents: Yes No	50. Age:
42. Address:		

6.0 PREVIOUS ASSISTANCE RECEIVED FROM THE WELFARE OFFICE		
51. 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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7.0 STUDENT LOAN	
52. Did you apply to the Student Load Bureau for the current academic year? Yes No	
If Yes, Amount Received: Loan \$ _____ Grant \$ _____	
If No, Why _____	
Have you been on a PATH Beneficiary? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please State PATH Family Registration Number: _____	

8.0 Assistance Received from External Agencies	
53. Have you benefitted from any of the following:	
Jamaica Values and Attitude (JAMVAT) Yes No	
If yes, Amount Received: \$ _____ Academic Year: _____ / _____	
National Youth Service (NYS) 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 Labor – 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:	



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10.0 REFEREE'S AFFIDAVIT

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

55. Mr. Miss Mrs. _____
Surname First Middle

56. Referee's Address: _____

57. Home Phone: _____ 45. Work Phone: _____ 46. Email: _____

58. Occupation: _____ 48. Name of Employer/ Business: _____

59. Name of Student being Recommended: _____

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

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

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

63. Is this Student experiencing financial difficulties? Yes No

If yes, Explain:

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

65. Is there any other pertinent information that you think we should know? Yes No

If yes, please explain:

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

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

NB: 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: Pastor, JP, UTech Lecturer or UTech Senior Manager, Doctor, Resident Manager and Special Needs Asst.**
- **All Referees are required to affix the official stamp of their Office / Department / Organization.**



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THE UNIVERSITY RESERVES THE RIGHT TO VERIFY ANY INFORMATION PROVIDED ON THIS FORM

For Official Use Only Documents Submitted		
ID# _____	Name: _____	
1.Valid School I.D	Yes	No
2.Registration Status	Yes	No
3.Account Balance	Yes	No
Nature of Assistance Awarded		
Type of Assistance	Value of Assistance	Remarks
1.Lunch		
2.		
3.		
Welfare Committee Signatories		
Name	Title	Signature
1.		
2.		
3.		
Welfare Officer:	Terry-Ann Rhule	

Date of Sitting:

Department's Stamp:

dd/mm/yyyy

Comments: