



Open August 29-September 30,2022

**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 apply for a NCB Cash Card in order to receive the monthly lunch assistance. The card operates like a debit card; therefore, recipients will be able to purchase food items at any food provider that accepts the cash card.
9. Once approved, each recipient is eligible to receive lunch benefits for the entire academic year; provided that they register for all three semesters.
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 required to re-apply for lunch assistance at the start of the academic year.
12. Lunch vouchers will **ONLY** be issued as an interim measure, until the NCB cash card have been issued by the bank.

**FY 2022/23
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1.0 Student Information

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

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

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

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

9. Disability: Yes No , 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: dd/mm/yyyy 23. Hall of Residence: _____

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

If No, Why _____

Have you been on a PATH Beneficiary? Yes No

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:

9.0 REASON FOR ASSISTANCE

54. EXPLAIN CLEARLY WHY YOU ARE IN NEED OF ASSISTANCE WITH LUNCH. THIS SHOULD CLEARLY INDICATE YOUR FINANCIAL NEED.



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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: dd/mm/yyyy Stamp: _____

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.**

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 <input type="checkbox"/> No <input type="checkbox"/>

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2.Registration Status	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.Account Balance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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:

dd/mm/yyyy

Department's Stamp:

Comments:
