



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 Student Welfare Unit.
4. Completed application forms should be submitted to the Student Welfare Unit.
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 are: Pastors, Medical Doctors, Justices of the Peace, UTech Lecturers, Special Needs Assistant and UTech Middle & Senior Managers.**
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 Keycard 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 **3 Semesters**.
10. **Once the list of recipients for the academic year is 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.



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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

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: dd/mm/yyyy 26. Hall of Residence: _____

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

If yes, state: Award Name _____ Value: \$ _____

Award Name _____ Value: \$ _____

Award Name _____ Value: \$ _____

4.0 PARENTAL INFORMATION



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| | |
|--|--|
| 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 | | |



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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 ESSAY



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12.0 REFEREE'S AFFIDAVIT

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

62. Referee's Name (Mr., Miss, Mrs.) _____
Surname First Middle In.

63. Referee's Address: _____

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

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

69. Name of Student being recommended: _____

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

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

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

73. Is this Student experiencing financial difficulties? Yes No

If yes, Explain: _____

74. How would assistance from this Office benefit the applicant? _____

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

If yes, please explain: _____

76. 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/Seal:

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 Mangers, 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

| | | | |
|-------------------------------|-----|--------------------------------|-----|
| 1. Registration Status | [] | 2. Valid School ID Card | [] |
| 3. Account Balance | [] | 4. Progress Report | [] |

LUNCH AWARDEE

STUDENT'S NAME: _____ STUDENTS ID#: _____

RECOMMENDATIONS

WELFARE COMMITTEE SIGNATORIES

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

Date of Sitting:

dd/mm/yyyy

Department's Stamp:

Round Robin []

dd/mm/yyyy

COMMENTS