



OPEN SEPTEMBER 15, 2025
UNIVERSITY OF TECHNOLOGY, JAMAICA
DEPARTMENT OF STUDENT FINANCING
STUDENT WELFARE UNIT
GRANT 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.
3. Students who falsify information will be disqualified from any future assistance from the Student Welfare Unit.
4. All Salary related questions should be accompanied by a pay-stub.
5. Completed applications forms should be submitted to the Welfare Office or by email at studentwelfare@utech.edu.jm.
6. 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.

7. **Suitable Referees are: Pastors, Justices of the Peace, Medical Doctors, Special Needs Assistant, UTech Lecturers, Resident Managers and UTech Middle & Senior Managers.**
8. **The information shared in this form will be kept confidential for the duration of the student's tenure.**
9. **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 incomplete forms if collected erroneously are not collected within 10 working days after being contacted will be discarded.

DO NOT SUBMIT THIS PAGE WITH YOUR APPLICATION

ALL INFORMATION PROVIDED WILL BE CHECKED AND VERIFIED

2025/2026 AY

Updated July 07, 2025



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FINANCIAL ASSISTANCE CONSENT FORM

To: All Students Applying for Financial Assistance

In accordance with the Data Protection Act, 2020 of Jamaica ("DPA, 2020"), we require your consent to collect and process your personal information contained in the application forms for financial assistance (Student Welfare Grant, Lunch and Earn and Study programs). Your personal data will be used strictly for decision-making purposes related to your application.

Please provide the requisite information below and sign accordingly:

- Student Name: _____
- Student ID Number: _____
- Program: _____

I, _____, hereby give my consent to _____ the University of Technology, Jamaica ("UTech, Ja.") to collect, process, and store my personal data for the purposes of assessing my application for financial assistance.

I understand and agree to the following terms and conditions:

1. **Collection of Personal Data:** I consent to the collection, processing, and storage of my personal data by UTech, Ja. for the purposes of evaluating my application for financial assistance.
2. **Sharing of Personal Data:** I understand that the information shared will include my application details and any relevant academic information as required for the financial assistance assessment. This may include personal information such as my name, contact details, academic records, and financial status.
3. **Withdrawal of Consent:** I acknowledge that I have the right to withdraw my consent at any time by notifying the Student Welfare Unit at the Financial Aid Office in the Department of Student Financing at UTech, Ja. in writing.
4. **Accuracy of Information:** I confirm that all information provided by me in this consent form is true, accurate, and complete to the best of my knowledge.
5. **Data Protection:** I understand that UTech, Ja. will handle my personal data in accordance with the DPA, 2020 and any other applicable data protection laws and regulations.

By submitting this Consent Form, I acknowledge and expressly consent to the processing of my personal information in accordance with the DPA, 2020 and the obligations outlined herein. This consent pertains to the collection, storage, use, and disclosure of my personal data for the purposes outlined in this application and any related processes.

By signing this Consent Form, I confirm that I have read, understood, and agree to the terms outlined herein and that I voluntarily and freely consent to the processing of my personal information as described.

Signature

Student Signature: _____

Date: _____



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Papine Campus <input type="checkbox"/>	Western Campus <input type="checkbox"/>	BraeMar Avenue <input type="checkbox"/>	Dental School <input type="checkbox"/>
1.0 STUDENT INFORMATION			
Are you a UTech staff member? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a dependent of a UTech staff member? Yes <input type="checkbox"/> No <input type="checkbox"/>	
1. ID #:		2. TRN #:	
3. Title: Mr., Miss, Mrs.	First name:	Middle name:	
Surname:			
4. DOB: DD/MM/YYYY		5. Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
6. Country of Birth:		7. Nationality:	
8. Disability: Yes <input type="checkbox"/> No <input type="checkbox"/>		9. Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>	
10. Employer's Name:		11. Employer's Email-Address:	
12. Salary (Monthly/fortnightly):		13. Contact Number: ()	
2.0 CONTACT INFORMATION			
14. Permanent Address:		17. Term Address:	
15. Phone(H): ()		18. Phone(H): ()	
16. Cellular: ()		19. Cellular: ()	
20. Email Address:			
3.0 ACADEMIC PROFILE			
21. Faculty:		22. School:	
23. Enrollment Status: Fulltime <input type="checkbox"/> Flexible <input type="checkbox"/>		24. Year of Study: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
25. Expected Date of Graduation: DD/MM/YYYY		26. Hall of Residence:	
4.0 PARENTAL INFORMATION			
Please circle option that is applicable			
Mother/Stepmother/Caregiver		Father/Stepfather/Caregiver	
27. Name:		33. Name:	
28. Address:		34. Address:	
29. Phone(C):	Phone(W):	35. Phone(C):	Phone(W):
30. Occupation:		36. Occupation:	
31. Employer:		37. Employer:	
32. Gross Monthly Salary:		38. Gross Monthly Salary:	
5.0 SPOUSAL INFORMATION		6.0 DEPENDENT(S)	
39. Name:		47. Name:	48. Age:
40. Address (If different from Applicant's Permanent Address):		49. School:	
		50. Name:	51. Age:
		52. School:	
41. Email Address:		53. Name:	54. Age:
42. Telephone(W):	43. Telephone(H):	55. School:	
44. Occupation:	45. Employer:	56. Other Dependent(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
46. Gross Monthly Salary\$:		57. Please Specify:	



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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(\$)

8.0 Financial Assistance (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:

60. Have you been previously awarded a Scholarship/Bursary tenable at UTech? Yes ☐ No ☐ If yes, state:

Award Name:

Value \$

Academic Year:

Award Name:

Value \$

Academic Year:

9.0 ASSISTANCE RECEIVED FROM EXTERNAL AGENCIES IN THIS ACADEMIC YEAR

61. Have you benefitted from any of the following:

Jamaica Values and Attitude (JAMVAT) Yes ☐ No ☐ If yes:

Amount Received: Loan \$:

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

62. 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**

<input type="checkbox"/> Tuition	<input type="checkbox"/> Text Books	<input type="checkbox"/> Teaching Practical	<input type="checkbox"/> Field Trips	<input type="checkbox"/> Medical Expense	<input type="checkbox"/> Boarding	<input type="checkbox"/> Other (Please State):
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11.0 ESSAY

63. 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.

64. Referee's Title: Mr., Miss, Mrs. Surname:			First name:		Middle name:
65. Home Phone:	66. Work Phone:		67. Email Address:		
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 <input type="checkbox"/> No <input type="checkbox"/>					
73. What do you know of the financial situation of the applicant's family?					
74. Is this Student experiencing financial difficulties? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> 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: 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 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 <input type="checkbox"/>		Valid School ID Card <input type="checkbox"/>
Account Balance <input type="checkbox"/>		Progress Report <input type="checkbox"/>
ASSISTANCE AWARDED		
STUDENT'S NAME:		STUDENT'S 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
Department's Stamp:		
COMMENT'S:		