



Open March 2 to 31, 2026
UNIVERSITY OF TECHNOLOGY, JAMAICA
DEPARTMENT OF STUDENT FINANCING
STUDENT WELFARE UNIT
EARN & STUDY APPLICATION FORM
SUMMER

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. Completed application forms should be submitted to the Student Welfare Office or by email at studentwelfare@utech.edu.jm .
5. Applicants are required to attach a copy of their most recent **Progress Report, School ID Card, TRN.**
6. Regular working hours on the Earn and Study Programme are between 8:00 am – 4:00 pm Mondays to Fridays. If you are **earlier than 8:00 am, you should sign for 8:00 am.**
7. All Students are expected to complete 80 percent of the programme (18 weeks) to receive a Certificate of Participation and be eligible for a written recommendation from the Student Welfare Unit; except in extenuating circumstances, for which special consideration will be given.
8. All students will be allowed to work a maximum of twenty-five (25) hours per week, which will translate to fifty (50) hours per fortnight. This does not apply to the **EXPANDED STUDENTS**
9. The Summer programme runs for Fourteen (14 weeks). Successful applicants will be engaged from Monday, May 11, 2026, to Friday, August 14, 2026.
10. The rate of pay will be \$350.00 per hour. The rates may be higher on the Expanded Earn and Study Programme, which is funded by individual budget holders.
11. The students will be paid on a fortnightly basis in the Summer Programme. **Payment will be made via bank transfer; to the prepaid MasterCard provided by the Student Welfare Unit through NCB. Please note, you will NOT be paid without the MasterCard.**

Please be reminded that:

- ❖ First (1st) year students are given priority to work in the summer of their first year.
- ❖ Final (4th and 5th) year students are given priority to work in the summer of their final year.
- ❖ Second and third year students are given priority to work in the Semester 1 & 2 Programme.

NB. Students who have broken the University's regulations will be immediately removed from the Programme and will not be re-employed.

The application period for Earn and Study is as follows: 1) Semesters I & II - **August 02 - August 30, 2025.** 2) Summer Semester - **March 09 – April 2, 2026.** Application forms can be emailed to studentwelfare@utech.edu.jm

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 WILL BE CHECKED AND VERIFIED

FY 25/26

Updated June 26, 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 Student Welfare Unit of 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 dependent of a UTech staff member? Yes <input type="checkbox"/> No <input type="checkbox"/>									
1. Title: Mr., Miss, Mrs.		First name:			Middle name:				
Surname:									
2. DOB:		3. Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>			4.ID #:				
5. Country of Birth:				6. Nationality:					
7. Disability: Yes <input type="checkbox"/> No <input type="checkbox"/>				8. Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>					
2.0 CONTACT INFORMATION									
9. Phone(H):				10. Cellular:					
11. Email Address:									
3.0 ACADEMIC PROFILE									
12. Faculty:				14. School:					
13. Enrollment Status: Fulltime <input type="checkbox"/> Flexible <input type="checkbox"/>				15. Year of Study: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		GPA:			
16. Expected Date of Graduation:				17. Hall of Residence:					
4.0 DEPENDENTS									
Do you have any children? Yes <input type="checkbox"/> No <input type="checkbox"/>									
5.0 SPOUSAL INFORMATION				6.0 DEPENDENT(S)					
18. Name:				26. Name:		27. Age:			
19. Address (If different from Applicant's Permanent Address):				28. School:					
				29. Name:		30. Age:			
				31. School:					
20. Email Address:				32. Name:		33. Age:			
21. Telephone(W):		22. Telephone(H):		34. School:					
23. Occupation:		24. Employer:		35. Other Dependent(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>					
25. Gross Monthly Salary\$:				36. Please Specify:					
7.0 Financial Assistance (PLEASE ANSWER ALL QUESTIONS IN THIS SECTION)									
Have you been a PATH Beneficiary? Yes <input type="checkbox"/> No <input type="checkbox"/>									
8.0 Earn & Study Work Experience									
37. Have you ever worked on the Earn and Study Programmer before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please list below:									
Department		Semester 1&2		Summer		Academic Year			
		<input type="checkbox"/>		<input type="checkbox"/>					
		<input type="checkbox"/>		<input type="checkbox"/>					
		<input type="checkbox"/>		<input type="checkbox"/>					
		<input type="checkbox"/>		<input type="checkbox"/>					
		<input type="checkbox"/>		<input type="checkbox"/>					
9.0 Work Experience									
38. Indicate jobs held within the last five(5) years (including vacation and part-time employment)									
Organization Name		Position Held		From		To		Salary/Month	



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10.0 Skills Inventory				
Please indicate any special skills that you possess by placing a tick in the appropriate section, which will indicate whether you are knowledgeable, have any certificates or work experience in the specific area.				
	Skill Area	Knowledge	Certificate	Work Experience
1.	Accounting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Data Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Computer Applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Computer Networking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Webpage Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Tutoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Researching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Electrical Technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Mechanical Technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	A/C Technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Refrigerator Technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Waitering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Culinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Dancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Life Guard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Please Specify				
25.	a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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11.0 SUPPORTING DOCUMENTS

Documents Submitted	
Regular <input type="checkbox"/>	Expanded <input type="checkbox"/>

39. Applicant must attach the following documents:
 A copy of your most recent **Progress Report**
 A copy of your **School ID** card

12.0 FOR OFFICIAL USE ONLY

Name:		ID#:	
Programme:		Faculty:	
Year of Study:		Email:	
Phone:	(cell):	(home):	
Registration Status <input type="checkbox"/>	Valid School ID Card <input type="checkbox"/>	Progress Report <input type="checkbox"/>	
Earn and Study Programme:	Summer <input type="checkbox"/>	Semester 1&2 <input type="checkbox"/>	
Placement Location:		Supervisor:	
Employment Period	From (start date):	To (end date):	

13.0 PLACEMENT RANKING

	Never Worked	Worked Once	Worked Twice	Worked Three Times	Worked Four Times
Rank	5	4	3	2	1
	<input type="checkbox"/>				

COMMENT'S:

14.0 DATA SHEET FOR DIRECT DEPOSIT STUDENTS

GENERAL INFORMATION

Do you have a NCB Utech Prepaid Master Card? Yes No

NB. If you do not have a Master Card, please collect a "Prepaid Master Card Application Form" at the Student Welfare Office.
Master Cards used for Lunch are eligible.

DECLARATION

I declare that the information above is true and correct and accept responsibility for the validity of the information provided.

Signature: _____ **Date:** _____

Please attach a copy of your valid School ID and proof of banking information.

Return to:
Student Welfare Unit (STUDENT SERVICES BUILDING)