



THE UNIVERSITY OF TECHNOLOGY, JAMAICA

FINANCIAL AID OFFICE

**EARN AND STUDY APPLICATION FORM
SEMESTER ONE (1) AND TWO (2)**

Instruction Sheet

- Please **read the instructions carefully** before completing this form and answer all relevant questions. **Incomplete applications will not be processed.**
- 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.
- Completed application forms should be submitted to the Financial Aid's Welfare Unit, Student Services Building.
- Applicants are required to attach a copy of their most recent Progress Report and School ID Card.
- Regular working hours on the Earn and Study Programme are between 8:00 a.m. – 4:00 p.m. - Mondays to Fridays.
- Students are allowed to work flexi-time including weekends, based on the nature of the operations of the Department to which they are assigned. However, they must not exceed the maximum of 50 hours per fortnight.
- There will be no distinction in hours worked for part-time or full-time students as the two categories no longer exist.
- All students will now be allowed to work a maximum of twenty five (25) hours per week, which will translate to 50 hours per fortnight.
- The programme runs for Twenty-Three (23) weeks. Successful applicants will be engaged from Monday, September 24th to Friday, November 23th, 2018 and January 14th to April 12, 2019.
- The rate of pay will be \$200.00 per hour. The rates may be higher on the Expanded Earn and Study Programme, which is funded by individual budget holders.
- The students will be paid on a fortnightly basis in Semesters 1 and 2 and on a monthly basis in the Summer Semester. **Payment will be made via bank transfer; hence the data sheet for direct deposit should be completed. Please note, you will NOT be paid without this information.**

Students are not permitted to work in both the Semesters and the Summer

- ❖ First (1st) year students are **NOT** allowed to work in semesters 1 & 2 but can work in the summer semester of their first (1st) year.
- ❖ Final year students are **NOT** allowed to work in the semesters 1 & 2 but can work in the summer semester of their final year.

The application period for Earn and Study is as follows:

1) Semesters I & II - **July 30- August 31, 2018** 2) Summer Semester - **March 18 – April 12, 2019**



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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 20a. Year of Study: 1 2 3 4 5

20 b. GPA: _____

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 _____ Value: \$ _____

Award Name _____ 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 SPOUSAL INFORMATION		6.0 DEPENDENT(S)	
44. Name:		52. Name	53. Age:
45. Address (If different from Applicant's Permanent Address)		54. School	
_____		55. Name	56. Age:
_____		57. School	
_____		58. Name	59. Age:
46. E-mail Address:		60. School	
47. Telephone (W):		61. Other Dependent(s)? Yes [] No []	
48. Telephone (H):		Please Specify _____	
49. Occupation:		_____	
50. Employer:		_____	
51. Gross Monthly Salary \$ _____		_____	

7.0 EARN & STUDY WORK EXPERIENCE

63. Have you ever worked on the Earn & Study Programme before? Yes No , If yes list below

Department	Period	Academic Year
	Semester 1and 2 <input type="checkbox"/> Summer <input type="checkbox"/>	
	Semester 1and 2 <input type="checkbox"/> Summer <input type="checkbox"/>	
	Semester 1and 2 <input type="checkbox"/> Summer <input type="checkbox"/>	
	Semester 1and 2 <input type="checkbox"/> Summer <input type="checkbox"/>	
	Semester 1and 2 <input type="checkbox"/> Summer <input type="checkbox"/>	



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8.0 WORK EXPERIENCE

39. Indicate jobs held within last five(5) years (including vacation and part-time employment)

Organisation Name	Position Held	From	To	Salary/Month
		dd / mm / yyyy	dd / mm / yyyy	
		dd / mm / yyyy	dd / mm / yyyy	
		dd / mm / yyyy	dd / mm / yyyy	
		dd / mm / yyyy	dd / mm / yyyy	

9.0 SLB/PATH BENEFICIARY

40. 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 : _____

10.0 ASSISTANCE RECEIVED FROM EXTERNAL AGENCIES IN THIS ACADEMIC YEAR

41. 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: _____/_____



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11.0 SKILLS INVENTORY

Name: _____

ID#: _____

Faculty: _____

Please Indicate any special skill 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			
2	Administration			
3	Customer Service			
4	Data Entry			
5	Computer Applications			
6	Programming			
7	Computer Networking			
8	Webpage Design			
9	Teaching			
10	Tutoring			
11	Researching			
12	Electrical Technician			
13	Mechanical Technician			
14	Carpentry			
15	Painting			
16	A/C Technician			
17	Refrigerator Technician			
18	Housekeeping			
19	Waitering			
20	Culinary			
21	Dancing			
22	Drama			
23	Life Guard			
24	First Aid			
25	Other Please Specify			
26	(a)			
27	(b)			
28	(c)			



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12.0 SUPPORTING DOCUMENTS

Documents Submitted

94. Applicant must attach the following documents:

- A copy of your most recent **Progress Report**
- Copy of your **School ID** card
- 1 passport size photograph

13.0 FOR OFFICIAL USE ONLY

Documents Submitted

Registration Status	[]	Valid School ID Card	[]
Progress Report	[]	Passport Size Photograph	[]

PLACEMENT DETAILS

Programme Assigned: Regular [] Expanded [] DSF Special []

Location:- _____

Supervisor's Name :- _____ Supervisor's Ext.:- _____

Employment Period:- From (Date Start):- _____ To (Date Ended):- _____

Student Welfare Officer's Signature: _____

Date: _____



PLACEMENT RANKING

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

Comments:-



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**DATA SHEET FOR DIRECT DEPOSIT
STUDENTS**

GENERAL INFORMATION

NAME: _____
ADDRESS: _____
FACULTY: _____
ID #: _____
TELEPHONE #: (Cell) _____ (Other) _____

BANKING INFORMATION

BANK NAME: National Commercial Bank (Keycard Cash)

KEYCARD CASH CARD #: _____

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

E-MAIL INFORMATION

EMAIL ADDRESS: _____

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 form to: Student Welfare Unit
Department of Student Financing
Financial Aid Office
University of Technology, Jamaica
237 Old Hope Road
Kingston 6**