



UNIVERSITY OF TECHNOLOGY, JAMAICA
FINANCIAL AID OFFICE
SCHOLARSHIP APPLICATION FORM

Instruction Sheet

- Please **read the instructions carefully** before completing this form and answer **all** relevant questions. **INCOMPLETE applications will not be processed.**
- Please indicate ‘N/A’ where the information requested in a section is not applicable to your situation.
- The application form should be completed in **BLOCK CAPITALS** only.
- The completed application form should be submitted along with a **copy** of your school ID, **SEMESTER ONE (I) PROGRESS REPORT** for the 2017/18 Academic Year (*returning students*) OR copies of your **CXC/CSEC** and/or **CAPE** results (*new students*).
- Please attach a copy of a photo ID (School ID, Driver’s Licence, Pass-port etc.)
- **Please ensure that the awards you list are applicable to your College/Faculty, Programme, Year or any other criterion stipulated on the scholarship listing.**
- Please note that you are required to provide copies of **all** supporting documents requested, including academic and co-curricular record.
- Students are allowed to have one (1) award of any value **OR** multiple awards where the sum totals of these award values do not exceed Five Hundred Thousand Dollars (\$500,000.00).
- Where income figures are required, gross amounts should be stated.
- Students are required to provide information on their participation in **current** on or off-campus **co-curricular activities** as it is **a criterion of each award**. In each case you are required to submit the following:
 - For On-Campus Co-curricular Activities:
A letter from the President/Designate of the Club/Societies certifying membership and/or position held. A letter may also be requested from the Students Union VP Clubs and Societies.
 - For Off-Campus Co-curricular Activities:
A letter of support written by the President/Chairman or Secretary of the Body/Association to which you belong. The letter should state clearly:
 - I. The nature of the Body/Association
 - II. The length and nature of the applicant’s involvement

N.B. – Check to ensure that the awards listed below are applicable to your faculty, programme, year or any other criterion stipulated in the Scholarship Listing.



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LIST OF AWARD (S)

APPLICANT / UTECH ID#:		TRN # (Required):		
CAMPUS: Papine[] Western[] Arthur Wint[] Slipe Pen Road []				
NAME	Title:	Last Name:	First Name:	Middle Name(s):
PLEASE LIST THE NAME (S) OF AWARD (S) FOR WHICH YOU WISH TO APPLY				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				



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1.0 BIOGRAPHIC PROFILE					
1. APPLICANT / UTECH ID#			2. Title: Mr. Mrs. Ms. Miss Other _____(State)		
3. NAME	Last Name:		First Name:		Middle Name(s):
4. FORMER NAME <i>(If Applicable)</i>	Title:	Last Name:	First Name:		Middle Name(s):
5. Name Type of Former Name: Maiden <input type="checkbox"/> (Prior to) Deed Poll <input type="checkbox"/> Other <input type="checkbox"/> Please Specify _____					
6. Date of Birth: dd / mm / yyyy		7. Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		8. Marital Status: _____	
9. Country of Birth:			10. Nationality:		
11. Disability: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Please State _____		12. Employment Status:		13. Employer:	
14. Employer's Address: _____ _____					
15. Employer's Telephone: _____			16. Employers E-mail Address: _____		
2.0 CONTACT INFORMATION					
17. Permanent Address Apt/Street/P.O. Box _____ _____ _____			20. Term Address (if you reside on Hall please provide full details) Apt/Street/P.O. Box _____ _____ _____		
City/Town:	Parish:	Country:		City/Town:	Parish:
City/Town:	Parish:	Country:		City/Town:	Parish:
18. Home Phone:		19. Cellular Phone:		22. Cellular Phone:	
18. Home Phone:		19. Cellular Phone:		21. Home Phone:	
21. E-mail Address: _____					
3.0 ACADEMIC PROFILE					
23. First Faculty of Admission:			24. Present Faculty:		
25. Programme:			26. State your Major:		
27. Indicate Your Enrollment Status: Fulltime <input type="checkbox"/> Part-Time <input type="checkbox"/>			28. Year of Study for Academic Year 2018/19: 1 2 3 4 5 		
29. Have you Transferred from a Community College? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state _____					
30. Expected Year of Graduation: _____			31. Hall of Residence (Residing):		
32. Have you applied for transfer to another Faculty in the upcoming academic year? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state: Faculty _____ Programme: _____					
33. Have you been previously awarded a Scholarship/Bursary tenable at UTech? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes state: Award Name _____ Value \$ _____					



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4.0 PARENTAL INFORMATION				
Mother/Stepmother/Caregiver (Omit as necessary)		Father/Stepfather/Caregiver (Omit as necessary)		
34. Name _____		41. Name _____		
35. Address _____ _____ _____		42. Address _____ _____ _____		
36. Telephone (C): _____		43. Telephone (C): _____		
37. Telephone (H/W): _____		44. Telephone (H/W): _____		
38. Occupation: _____		45. Occupation: _____		
39. Employer: _____		46. Employer: _____		
40. Salary \$ _____ Weekly -[] Fortnightly -[] Monthly -[]		47. Salary \$ _____ Weekly -[] Fortnightly -[] Monthly -[]		
5.0 SPOUSAL INFORMATION		6.0 DEPENDENT(S) (persons who depend on you)		
48. Name: _____		56. Name _____		57. Age: _____
49. Address (If different from Applicant's Permanent Address) _____ _____ _____		58. School _____		
		59. Name _____		60. Age: _____
		61. School _____		
		62. Name _____		63. Age: _____
50. E-mail Address: _____		64. School _____		
51. Telephone (W): _____		65. Other Dependent(s)? Yes [] No []		
52. Telephone (H): _____		Please Specify _____ _____ _____		
53. Occupation: _____		_____		
54. Employer: _____		_____		
55. Salary \$ _____ Weekly -[] Fortnightly -[] Monthly -[]		_____		
7.0 WORK EXPERIENCE				
66. 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	



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8.0 CO-CURRICULAR RECORD		
67. Please indicate the Co-curricula activities in which you are involved: Sports [] Clubs/Societies [] Community Base Activity []		
<u>CURRENT INVOLVEMENT</u>		
Sports	Clubs/ Societies	Community Activity
Activity Name:	Name:	Name:
Competition Entered:	Position Held:	Position Held:
Competition Date: <small>dd / mm / yyyy</small>	Membership Date: <small>dd / mm / yyyy</small>	Membership Date: <small>dd / mm / yyyy</small>
Activity Name:	Name:	Name:
Competition Entered:	Position Held:	Position Held:
Competition Date: <small>dd / mm / yyyy</small>	Membership Date: <small>dd / mm / yyyy</small>	Membership Date: <small>dd / mm / yyyy</small>
Activity Name:	Name:	Name:
Competition Entered:	Position Held:	Position Held:
Competition Date: <small>dd / mm / yyyy</small>	Membership Date: <small>dd / mm / yyyy</small>	Membership Date: <small>dd / mm / yyyy</small>
<u>PAST INVOLVEMENT</u>		
Sports	Clubs/ Societies	Community Activity
Activity Name:	Name:	Name:
Competition Entered:	Position Held:	Position Held:
Competition Date: <small>dd / mm / yyyy</small>	Membership Date: <small>dd / mm / yyyy</small>	Membership Date: <small>dd / mm / yyyy</small>
Activity Name:	Name:	Name:
Competition Entered:	Position Held:	Position Held:
Competition Date: <small>dd / mm / yyyy</small>	Membership Date: <small>dd / mm / yyyy</small>	Membership Date: <small>dd / mm / yyyy</small>
Activity Name:	Name:	Name:
Competition Entered:	Position Held:	Position Held:
Competition Date: <small>dd / mm / yyyy</small>	Membership Date: <small>dd / mm / yyyy</small>	Membership Date: <small>dd / mm / yyyy</small>



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9.0 ESSAY

68. Explain how this scholarship will be beneficial to you. Your answer, although not limited to, should speak to your financial situation.

69. State your career goals and the contribution you think you will be able to make towards the development of your country after completing your course of study.



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Empty rectangular box for identification or marking.

70. Identify one challenge affecting the youths in your community and suggest ways in which you could make a difference.

Lined area for writing the answer to question 70.



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11.0 ACADEMIC DISTINCTIONS AND/ OR PRIZES RECEIVED		
71. State all academic distinctions or prizes received and the year.		
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
12.0 PREVIOUS ASSISTANCE RECEIVED FROM THE FINANCIAL AID OFFICE		
72. State all previous assistance you have received from the Financial Aid Office.		
Donor (Company Name)	Year	Amount(\$)
13.0 STUDENTS LOAN		
73. Did you apply to the Students Loan Bureau (SLB) for the 2018/2019 Academic Year? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, Amount Received: Loan \$ _____ Grant \$ _____		
If No,		
Why not _____		

74. Did you receive Students Loan Bureau (SLB) for the 2017/2018 Academic Year? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY	
<u>Documents Submitted</u>	
Progress Report (Returning Students)	[]
Copy of CSEC Results (New Students only)	[]
Copy of CAPE II Results (New Students only)	[]
Copy of ID	[]
Letter (s) from Club(s)	[]
ASSESSMENT COMMITTEE'S DECISION	

