



Open September 6 - October 1, 2021

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 /September of each year.
8. All successful applicants will be required to apply for a NCB MasterCard 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 **three (3) semesters**.
10. **Once the list of recipients for the academic year are approved and finalized in the first semester there will be no additions, of lunch benefit awards for the rest of the academic year. (Only emergencies recommended by approved personnel will be accepted out of this time frame).**
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: <u>dd/mm/yyyy</u>	5. Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
6. Marital Status: _____	
7. Country of Birth: _____	8. Nationality: _____
9. Disability: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state: _____	
10. Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. Employer Name: _____	12. Employer Address: _____

2.0 Contact Information	
13. Permanent Address: _____ _____	16. Term Address: _____ _____
14. Phone(H): _____	15. Cellular: _____
17. Phone(H): _____	18. Cellular: _____
19. Email Address: _____	

3.0 Academic Profile	
20. Faculty: _____	21. School: _____
22. Enrollment Status: Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Evening <input type="checkbox"/>	
23. Year of Study: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
24. Transferred from a Community College? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state: _____	
25. Expected Date of Graduation: <u>dd/mm/yyyy</u>	
26. Hall of Residence: _____	
27. 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: \$ _____	
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	
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
	56. School	
42. Email Address:	57. Other Dependent(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
43. Telephone (W)	Please Specify :	
44. Telephone (H)		
45. Occupation:		
46. Employer:		
47: Gross Monthly Salary: \$ _____		
7.0 PREVIOUS ASSISTANCE RECEIVED FROM THE STUDENT WELFARE UNIT		
58. State all assistance received previously from the Student Welfare Unit, (e.g. Earn and Study, Lunch Tickets, Grant and Tuition Assistance etc)		
Nature/Form of Assistance	Academic Year(s)	Amount(\$)



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8.0 STUDENT LOAN

59. Did you apply to the Student Load Bureau 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:



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11.0 REFEREE'S AFFIDAVIT

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

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

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, 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: _____ STUDENT'S ID#: _____

RECOMMENDATIONS

WELFARE COMMITTEE SIGNATORIES

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

Date of Sitting:
dd/mm/yyyy

Department's Stamp:

Round Robin: []
dd/mm/yyyy

Comments:
