



UNIVERSITY OF TECHNOLOGY, JAMAICA
DEPARTMENT OF STUDENT FINANCING
STUDENT WELFARE UNIT
EARN & STUDY APPLICATION FORM
SEMESTERS 1 & 2 **Regular [] Expanded []**

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, School ID Card and a recent passport size photograph.
- Regular working hours on the Earn and Study Programme are between 8:00 a.m. - 4:00 p.m. - Mondays to Fridays. If you are earlier than 8:00 am, you should sign for 8:00 am.
- 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.
- All students will now 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
- The programme runs for Twenty-one (21) weeks. Successful applicants will be engaged from Monday, September 26th to Friday, November 25th, 2022 and January 9th to March 31st, 2023.
- The rate of pay will be \$250.00 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. **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 - **August 02 - August 31, 2022** 2) Summer Semester - **March 13 – April 7, 2023.** Application forms can be emailed to studentwelfare@utech.edu.jm



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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

11. Employer Name: _____

12. Employer Address: _____

2.0 CONTACT INFORMATION

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

3.0 ACADEMIC PROFILE

20. Faculty: _____ 21. School: _____

22. Enrollment Status: Fulltime Flexible 22a. Year of Study: 1 2 3 4 5

22 b. GPA: _____

23a. Transferred from a Community College? Yes No , If yes, state: _____

23b. Expected Date of Graduation: dd/mm/yyyy 24. Hall of Residence: _____



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25a. Have you been previously awarded a Scholarship/Bursary tenable at UTech? Yes No

25b. If yes, state:

Award Name _____ Value: \$ _____ Academic Year _____

Award Name _____ Value: \$ _____ Academic Year _____

Award Name _____ Value: \$ _____ Academic Year _____

4.0 PARENTAL INFORMATION

Please circle option that is applicable

Mother/Stepmother/Caregiver	Father/Stepfather/Caregiver
26. Name:	32. Name:
27. Address:	33. Address:
28. Phone(C): Phone(W):	34. Phone(C): Phone(W):
29. Occupation:	35. Occupation:
30. Employer:	36. Employer:
31. Gross Monthly Salary::	37. Gross Monthly Salary:

5.0 SPOUSAL INFORMATION	6.0 DEPENDENT(S)
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38. Name:	46a. Name	46b. Age:
39. Address (If different from Applicant's Permanent Address) _____ _____ _____	47. School	
	48a. Name	48b. Age:
	49. School	
	50a. Name	50b. Age:
40. E-mail Address:	51. School	
41 Telephone (W):	52. Other Dependent(s)? Yes [] No [] Please Specify _____ _____ _____ _____	
42. Telephone (H):		
43. Occupation:		
44. Employer:		
45. Gross Monthly Salary \$ _____		



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7.0 EARN & STUDY WORK EXPERIENCE

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

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

8.0 WORK EXPERIENCE

54. 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

55. Did you apply to the Student Loan 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 : _____



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10.0 ASSISTANCE RECEIVED FROM EXTERNAL AGENCIES IN THIS ACADEMIC YEAR

56. 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

57. Applicant must attach the following documents:
- A copy of your most recent **Progress Report**
 - A copy of your **School ID card**
 - One recent passport sized photograph

13.0 FOR OFFICIAL USE ONLY

Name: _____ **ID#:** _____

Programme _____ **Faculty** _____

Year of Study: _____ **Email:** _____

Phone (C): _____ **(H)** _____

Registration Status [] **Valid School ID Card** []

Progress Report []

Earn and Study Programme: **Summer** [] **Semester 1&2** []

Placement location _____ **Supervisor** _____

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

14.0 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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**15.0 DATA SHEET FOR DIRECT DEPOSIT
STUDENTS**

GENERAL INFORMATION

NAME: _____

ADDRESS: _____

FACULTY: _____

ID #: _____

TELEPHONE #: (Cell) _____ (Other) _____

BANKING INFORMATION

BANK NAME: National Commercial Bank (MasterCard)

MASTERCARD CASH CARD #: _____

NB.** If you do not have a MasterCard, please collect a "Prepaid MasterCard Application Form" at the Student Welfare Office. **MasterCards used for Lunch are 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**