



UNIVERSITY OF TECHNOLOGY, JAMAICA

DEPARTMENT OF STUDENT FINANCING

STUDENT WELFARE UNIT

GRANT APPLICATION FORM

Instruction Sheet

- Please **read the instructions carefully** before completing this form and answer **All** relevant questions. **INCOMPLETE applications will not be ACCEPTED.**
- 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.**
- Students who falsify information will be disqualified from any future assistance from the Student Welfare Unit.
- Completed application forms should be submitted to the Student Welfare Unit.
- You are required to submit a valid copy of your school I.D, plus copies of all the following, where applicable:

Tuition – A statement from accounts confirming the balance outstanding on your tuition

Boarding – The boarding fee breakdown sheet indicating balance

Books, Medical and other equipment expenses - Invoice showing the cost of items/and or services needed

- **Suitable Referees are: Pastors, Justices of the Peace, Medical Doctors, Special Needs Assistant, UTech Lecturers, Resident Managers and UTech Middle & Senior Managers.**

- **Qualification Criteria**

The following are the general conditions which should be met in order to benefit from assistance under the Student Welfare Programme:

- ✚ Applicants must be able to prove that she/he has exhausted or have been turned down for all other available sources of financing for reasons other than the non-payment of previous loans.
- ✚ Persons applying should have failed no more than two courses in the previous academic year. In exceptional cases however, where it is established that lack of funds has contributed significantly to poor academic performance, consideration may be given.
- ✚ Students are only allowed **One (1)** benefit per Academic Year; second applications will not be considered.
- ✚ Students who have benefited from other assistance, such as SLB, Sponsorships, Scholarships, JAMVAT, NYS etc. may **NOT** be treated as a priority.
- ✚ Students on the PATH Programme are encouraged to so indicate on the application form



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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:	
42. E-mail Address:	56. School		
43. Telephone (W):	57. Other Dependent(s)? Yes [] No []		
44. Telephone (H):	Please Specify _____		
45. Occupation:	_____		
46. Employer:	_____		
47. Gross Monthly Salary \$ _____	_____		

7.0 PREVIOUS ASSISTANCE RECEIVED FROM THE WELFARE OFFICE		
58. State all assistance received previously from the Welfare Office, (e.g. Earn and Study, Lunch Tickets, Cash Grant, Tuition, etc)		
Nature/Form of Assistance	Academic Year(s)	Amount(\$)

8.0 SLB/PATH BENEFICIARY



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59. 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 : _____

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:- _____

10.0 ASSISTANCE REQUIRED

61. Indicate the area of assistance for which you are applying by *selecting the option below that best suits your need.*
ONLY ONE OPTION CAN BE SELECTED

- [] Tuition [] Text Books [] Teaching Practical [] Field Trips [] Medical Expense
 [] Boarding [] Other (Please State) _____



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FOR OFFICIAL USE ONLY
DOCUMENTS SUBMITTED

Registration Status	[]	Valid School ID Card	[]
Account Balance	[]	Progress Report	[]

ASSISTANCE AWARDED

STUDENT'S NAME: _____ **STUDENTS ID#:** _____

TYPES	VALUE OF ASSISTANCE \$\$	REMARKS
1.		
2.		
3		

WELFARE COMMITTEE SIGNATORIES

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

Date of Sitting:

dd/mm/yyyy

Department's Stamp:

Round Robin []

dd/mm/yyyy

COMMENTS
