



**MINISTRY of EDUCATION  
YOUTH & INFORMATION**

**TERTIARY STUDENTS' ASSISTANCE PROGRAMME  
GRANT APPLICATION FORM**

NAME \_\_\_\_\_  
FOR YEAR \_\_\_\_\_  
INSTITUTION \_\_\_\_\_  
SPECIALISATION \_\_\_\_\_  
PLAN OF STUDY       Full Time                       Part Time

**OFFICE USE ONLY  
REFERENCE NUMBER**

**The following supporting documents are required for your application:**

- 1) Letter of acceptance/ status letter**
- 2) Progress Report (Transcript)**
- 3) Evidence of outstanding balances or tuition fees (must be obtained from institution)**
- 4) Job Letter (If Employed)**
- 5) Passport sized photograph**
- 6) Certified copy of birth certificate**
- 7) TRN**
- 8) Evidence of need – reference letter from two referees**
  - **Principal or teacher**
  - **Pastor**
  - **Guidance Counsellor or representative from Student Support Services**
  - **Member of Parliament**
  - **Justice of the Peace**

**Applications must be submitted between April 1 and June 30 of each year.**

Applicants for Grants are to note that should any single award or the sum total of multiple awards exceed \$299,999, the candidate will be bonded to work in Jamaica. The length of the bonding period will be determined by the bands outlined in the Bonding Policy administered by the Ministry of Finance and the Public Service. Additional grants will be determined based on student performance in the previous year.

Completed application forms and the supporting documents may be submitted via email to [grants@moey.gov.jm](mailto:grants@moey.gov.jm)

**SECTION A  
APPLICANT INFORMATION**

1. Title: Mr.  Mrs.  Ms.	Last Name:	First Name:	Middle Name(s):
2. <b>FORMER NAME</b> <i>(If Applicable)</i>	Title:	Last Name:	First Name:
			Middle Name(s):
3. Date of Birth: <b>dd / mm / yyyy</b>	4. Gender: Male [ ] Female [ ]		
5. Marital Status: Single [ ] Married [ ] Divorced [ ] Separated [ ]			
9. Country of Birth:		10. Nationality:	
11. Employment Status: Part-time [ ] Full Time [ ] Unemployed [ ]		12. Employer's Name: _____	
13. Employer's Address: _____			
14. Employer's Telephone Number: _____		15. Employer's E-mail Address: _____	

**APPLICANT CONTACT INFORMATION**

16. Address: _____ _____	17. Home Phone: _____ Cellular Phone: _____
18. E-mail Address: _____	

**APPLICANT ACADEMIC INFORMATION**

19. Name of Institution attending _____ Student's ID# _____	20. Address of Institution : _____
21. Course of Study: _____	22. Date Course Began: <b>dd / mm / yyyy</b>
23. Date Course Ends: <b>dd / mm / yyyy</b>	24. Tuition Fee: _____
25. How much fees do you currently owe? _____	
26. Are you benefitting from any other financial scheme? Example, the SLB. Yes [ ] No [ ]  If Yes, please state the name/source and the amount _____	

**SECTION B**

Next of Kin (1) (SPOUSE OR CLOSE RELATIVE)	Next of Kin (2) (SPOUSE OR CLOSE RELATIVE)
27. Name _____ 28. Address _____ _____ _____	34. Name _____ 35. Address _____ _____ _____
29. Telephone (W):	36. Telephone (W):
30. Telephone (H):	37. Telephone (H):
31. Occupation: :	38. Occupation:
32. Employer: :	39. Employer:
33. Salary \$ _____ Weekly -[ ] Fortnightly -[ ] Monthly -[ ]	40. Salary \$ _____ Weekly -[ ] Fortnightly -[ ] Monthly -[ ]

**SECTION C**

41. Write a paragraph stating your present sources of financial support; include the total sum available to you on a monthly basis and your arrangement for completing your training. State also the level of assistance being sought and why you should be considered for financial assistance.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

51. I hereby declare that all statements on this document are true.

Signed \_\_\_\_\_

Date: dd / mm / yyyy