



MINISTRY of EDUCATION  
YOUTH & INFORMATION

**JAMAICA TECHNICAL HIGH SCHOOL SCHOLARSHIP  
APPLICATION FORM**

NAME \_\_\_\_\_

FOR YEAR \_\_\_\_\_

INSTITUTION \_\_\_\_\_

SPECIALISATION \_\_\_\_\_

OFFICE USE ONLY  
REFERENCE NUMBER

The Ministry of Education, Youth & Information will award scholarships to, first year University students who are desirous of pursuing a Bachelor Degree in any Faculty at the University of Technology.

Each applicant should complete **ONE (1) COPY of this form – either type written or written legible in ink.**

**Conditions**

**Candidates should be:-**

- **Jamaican citizen, domiciled in Jamaica during the last five years.**
- **A final year student at a Technical High School desirous of pursuing full-time undergraduate studies at the University of Technology.**
- **Candidates will be required to enter into a bond to work in Jamaica and work in a Government owned institution for a period not exceeding five (5) years.**

**Supporting Documents**

- **Certificate of domicile signed by a J.P. or Minister of Religion or other reputable member of the community.**
- **A Character Reference /Report from a member of the community e.g. Education Officer, Principal, Minister of Religion or Justice of the Peace.**
- **Certificate of fitness signed by a Registered Medical Practitioner.**
- **Applicants should make their own application to the University of Technology for admission.**

**The scholarship award is valid for the academic year immediately following the offer of the award and cannot be deferred for any reason.**

**Completed forms and scanned copies of supporting documents must be submitted within the stated timeline via email to [scholarships@moey.gov.jm](mailto:scholarships@moey.gov.jm) The subject line of the email MUST contain the name of the scholarship for which the application is being made.**

**N.B. ONLY SHORTLISTED APPLICANTS WILL BE CONTACTED.**

1 Name in full \_\_\_\_\_  
(BLOCK CAPS) SURNAME FORE NAMES

2 Address \_\_\_\_\_ Tel \_\_\_\_\_

3 Place and date of birth \_\_\_\_\_

4 Nationality \_\_\_\_\_ E-mail address \_\_\_\_\_

5 Parents' Name (Mother) \_\_\_\_\_  
(Father) \_\_\_\_\_

6 Mother's Address \_\_\_\_\_  
Tel: \_\_\_\_\_

Occupation \_\_\_\_\_

Father's Address \_\_\_\_\_  
Tel: \_\_\_\_\_

Occupation \_\_\_\_\_

7. Schools attended

INSTITUTIONS	YEARS ATTENDED	
	FROM	TO
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8 Name of present school \_\_\_\_\_

9 Specialized course being taken  
\_\_\_\_\_

10 Subjects to be taken in the C.X.C./G.C.E. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11 Distinction gained or offices held during your educational career \_\_\_\_\_  
\_\_\_\_\_

12 Profession/Occupation applicant wishes to pursue \_\_\_\_\_

13 Proposed course \_\_\_\_\_ Duration \_\_\_\_\_

14 Has the candidate applied to the U-Tech? Yes \_\_\_\_\_ No \_\_\_\_\_

15 Name of any other institution  
a) To which candidate has applied \_\_\_\_\_  
b) Which has offered you a place \_\_\_\_\_

16 State extra-curricular activities \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**MINISTRY OF EDUCATION, YOUTH & INFORMATION**

**STATE THE SCHOLARSHIP BEING APPLIED FOR**

\_\_\_\_\_ Scholarship

**LETTER OF REFERENCE: ACADEMIC/PROFESSIONAL**

**SECTION A**

**TO APPLICANT:** Please print your name in the space below. This form must be completed by your referee and returned to you to be submitted with the application form.

\_\_\_\_\_ is applying for scholarship

NAME IN FULL

To study \_\_\_\_\_ and requests that you complete this evaluation.

**SECTION B**

**TO REFEREE**

- 1. The referee report is confidential; please return the completed report to the applicant in a sealed envelope with your signature across the flap.**
- 2. On this scale, make your ratings on the basis of your academic experience with the Applicant:**

	Average		Good		Excellent
	Top 50%	Top 25%	Top 10%	Top 5%	Top 2%
<b>Academic Capability</b>	_____	_____	_____	_____	_____
<b>Intellectual Potential</b>	_____	_____	_____	_____	_____
<b>Creativity &amp; Originality</b>	_____	_____	_____	_____	_____

- 3. Describe the applicant's academic strengths, work responsibilities, and outstanding achievements.**

4. How long and in what capacity have you known the applicant? \_\_\_\_\_

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Name \_\_\_\_\_ Signature \_\_\_\_\_

Occupation \_\_\_\_\_ Qualification/Position \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

**NOTE:**

**Please reply promptly as your failure to submit a report or late submission of your report will prevent a sound assessment of the candidate.**