



MINISTRY of EDUCATION  
YOUTH & INFORMATION

**Tertiary Students' Assistance Programme**

**UNIVERSITY OF TECHNOLOGY SCHOLARSHIP (OPEN) 2019/2020  
APPLICATION FORM**

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

INSTITUTION \_\_\_\_\_

SPECIALISATION \_\_\_\_\_

OFFICE USE ONLY  
REFERENCE NUMBER

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

**Completed forms and scanned copies of supporting documents must be submitted within the stated timeline via email to [scholarships@moev.gov.jm](mailto:scholarships@moev.gov.jm). The subject line of the email must contain the name of the scholarship for which the application is being made. This form with all supporting documents is to be submitted, NO LATER THAN June 27, 2019.**

Applicants should make their own application to U-Tech for admission.

- A. Each candidate should complete **two (2) copies** of this form (in **BLOCK CAPITALS**) and submit them together with supporting documents.

***Documents to be submitted:***

1. Certified copy of birth certificate or evidence of date of birth.
2. A statement written by a reputable member of the community attesting that you have resided in Jamaica during the last three consecutive years.
3. Two passport-size photographs, stapled to the form.
4. One copy of statement of not more than 200 words as instructed at item 17.
5. Valid evidence of acceptance/registration at the University of Technology.
6. Letter of approval from Chief Personnel Officer or his representative (in the case of applicants in the Civil Service).
7. Certified copies of educational certificates/diplomas and a current progress report if attending University.

**B. CONDITIONS**

**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.**

**(Please attach supporting documents to back of application form).**

- B. Applicants are advised that incomplete applications will **NOT** be accepted.
- C. Detach the referee form attached and submit to your referees named at item 19.
- D. The scholarship award is valid for the academic year immediately following the offer of the award and cannot be deferred for any reason.

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

2. Nationality \_\_\_\_\_

3. Place and Date of Birth \_\_\_\_\_

4. Sex \_\_\_\_\_ Telephone \_\_\_\_\_

5. Address for correspondence about this application \_\_\_\_\_  
\_\_\_\_\_

6. **Address of Permanent Residence (if not the same as 5)**  
\_\_\_\_\_  
\_\_\_\_\_ Tel \_\_\_\_\_

7. Parents' Name (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_

8. Telephone No. \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

9. Educational Record.

INSTITUTION	YEAR ATTENDED	
	FROM	TO
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9b. If intending to sit an examination before taking up the award, give particulars and date when result is expected.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACADEMIC QUALIFICATIONS - STATE DETAILS CLEARLY, WHERE APPLICABLE THESE SHOULD INCLUDE PROFESSIONAL CERTIFICATES AND DIPLOMAS OBTAINED.**

<b>DATE</b>	<b>EXAMINATION</b>	<b>SUBJECTS</b>	<b>STATE LEVEL (ADVANCE, ORDINARY, PRINCIPAL OR SUBSIDIARY)</b>	<b>RESULTS (GRADE)</b>

10. Academic Distinctions gained or offices held during educational career.....

.....  
 .....

11. Proposed course(s).....

12. Length of Proposed Course.....

13. Period which you expect award to cover.....

14. Extra- curricular interests and activities, if any.....

15. Proposed future occupation.....

16. Have you applied to/been accepted by the University of Technology.....

17. Outline in not more than 200 words why you wish to pursue this course and the benefits to be gained from the course.

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18. Indicate extra-curricular interests/activities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Please give the names of two referees preferably persons under whom you have studied or worked.

1. Name \_\_\_\_\_

Position \_\_\_\_\_ Institution \_\_\_\_\_

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

2. Name \_\_\_\_\_

Position \_\_\_\_\_ Institution \_\_\_\_\_

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

Detach accompanying referee forms and send them to the persons you have listed above.

20. Any other information which you consider relevant to this application.

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Kindly submit to: - **Ministry of Education  
The Tertiary Unit (Building 3)  
2 National Heroes' Circle  
P.O. Box 498  
Kingston 4  
Tel: 922-1400-9**

**MINISTRY OF EDUCATION**

**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%
Academic Capability	_____	_____	_____	_____	_____
Intellectual Potential	_____	_____	_____	_____	_____
Creativity & Originality	_____	_____	_____	_____	_____

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

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

\_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Occupation \_\_\_\_\_

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

Address \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Fax \_\_\_\_\_

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.**