



MINISTRY of EDUCATION
YOUTH & INFORMATION

Tertiary Students' Assistance Programme

**UNIVERSITY OF TECHNOLOGY SCHOLARSHIP (OPEN)
APPLICATION FORM**

NAME _____

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@moey.gov.jm. The subject line of the email must contain the name of the scholarship for which the application is being made.

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.

N.B. Only shortlisted applicants will be contacted.

1 Name in full _____
(BLOCK CAPS) SURNAME FORE NAMES

2 Nationality _____ E-mail address _____

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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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.

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. (19)

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

Signature _____

Date _____

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

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%
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 _____

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.