



THE UNIVERSITY OF TECHNOLOGY, JAMAICA

FINANCIAL AID OFFICE

EARN & STUDY APPLICATION FORM

SEMESTERS ONE (1) AND TWO (2)

1.0 BIOGRAPHIC PROFILE					
1. ID #			2. Title: Mr. Mrs. Ms. Miss Other _____(State)		
3. NAME	Last Name:		First Name:		Middle Name(s):
4. FORMER NAME <i>(If Applicable)</i>	Title:	Last Name:	First Name:		Middle Name(s):
5. Name Type of Former Name: Maiden [<input type="checkbox"/>] (Prior to) Deed Poll [<input type="checkbox"/>] Other [<input type="checkbox"/>] Please Specify _____					
6. Date of Birth: dd / mm / yyyy		7. Gender: Male [<input type="checkbox"/>] Female [<input type="checkbox"/>]		8. Martial Status: _____	
9. Country of Birth:			10. Nationality:		
11. Disability: Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] If Yes, Please State _____		12. Employment Status:		13. Employer:	
2.0 CONTACT INFORMATION					
14. Permanent Address Apt/Street/P.O. Box _____ _____ _____			15. Term Address (if you reside on Hall please provide full details) Apt/Street/P.O. Box _____ _____ _____		
City/Town:	Parish:	Country:		City/Town:	Parish:
Country:	City/Town:	Parish:	Country:		Country:
16. Home Phone:		17. Cellular Phone:		18. Home Phone:	
19. Cellular Phone:		20. E-mail Address: _____			
3.0 ACADEMIC PROFILE					
21. First Faculty of Admission:			22. Present Faculty:		
23. Programme:			24. State your Major:		
25. Indicate Your Enrollment Status: Fulltime [<input type="checkbox"/>] Evening [<input type="checkbox"/>] Part-Time [<input type="checkbox"/>]				26. Year of Study:	
27. Have you Transferred from a Community College? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] If yes, state _____					
28. Expected Date of Graduation: dd / mm / yyyy			29. Hall of Residence (Residing):		



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4.0 PARENTAL INFORMATION				
Mother/Stepmother/Caregiver (Omit as necessary)		Father/Stepfather/Caregiver (Omit as necessary)		
30. Name _____		37. Name _____		
31. Address _____ _____ _____		38. Address _____ _____ _____		
32. Telephone (W):		39. Telephone (W):		
33. Telephone (H):		40. Telephone (H):		
34. Occupation:		41. Occupation:		
35. Employer:		42. Employer:		
36. Salary \$ _____ Weekly -[] Fortnightly -[] Monthly -[]		43. Salary \$ _____ Weekly -[] Fortnightly -[] Monthly -[]		
5.0 SPOUSAL INFORMATION		6.0 DEPENDENT(S)		
44. Name:		52. Name	53. Age:	
45. Address (If different from Applicant's Permanent Address) _____ _____ _____		54. School		
		55. Name	56. Age:	
		57. School		
		58. Name	59. Age:	
46. E-mail Address:		60. School		
47. Telephone (W):		61. Other Dependent(s)? Yes [] No []		
48. Telephone (H):		Please Specify _____ _____ _____		
49. Occupation:		_____		
50. Employer:		_____		
51. Salary \$ _____ Weekly -[] Fortnightly -[] Monthly -[]		_____		
7.0 WORK EXPERIENCE				
62. Indicate jobs held within last five(5) years (including vacation and part-time employment)				
Organisation Name	Position Held	From	To	Salary/Month
		dd / mm / yyyy	dd / mm / yyyy	
		dd / mm / yyyy	dd / mm / yyyy	
		dd / mm / yyyy	dd / mm / yyyy	
		dd / mm / yyyy	dd / mm / yyyy	



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8.0 BUDGET PLANNER			
63. Budget for Academic Year _____/_____			
Expenses (\$)		Income/Resources (\$)	
64. Tuition Fees _____		74. Present Bank Balance _____	
65. Books and Supplies _____		75. Spouse's Contribution _____	
66. Accommodation _____		76. Family Contribution _____	
a. Hall of Residence _____		77. Contribution from other Sources _____	
b. Off Campus _____		78. Proceeds from Employment _____	
67. Food _____		79. Existing Awards(e.g. Scholarships, Bursaries)	
68. Clothing _____		Name	Value (\$)
69. Toiletries _____		a. _____	_____
70. Transportation _____		b. _____	_____
a. To and From UTech _____		c. _____	_____
b. Field Trip _____		80. Tuition Loans (e.g. SLB, Bank Loan, etc.)	
71. Loan Payment _____		Name	Value (\$)
72. Contingencies (Please Specify)		a. _____	_____
Item	Cost(\$)	b. _____	_____
a. _____	_____	c. _____	_____
b. _____	_____	81. Grants Received from Financial Aid Office	
c. _____	_____	Type of Assistance	Value(\$)
d. _____	_____	a. _____	_____
73. Total Expenses _____		b. _____	_____
		82. Other Income/Resources _____	
		83. Total Income/Resources _____	
84. Shortfall (Subtract Total Expenses from Total Income): _____			
85. I affirm that the information provided within this form is correct:			
_____		_____	
Applicants Signature		Date (dd / mm / yyyy)	



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12.0 HOURS AVAILABLE FOR WORK

94. Indicate available hours for work based on your Timetable by SHADING under the appropriate day(s).

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday (Lillians and the Library)
8 – 9						
9 – 10						
10 – 11						
11 – 12						
12 – 1						
1 – 2						
2 – 3						
3 – 4						
4 – until (Lillians and the Library)						

13.0 SUPPORTING DOCUMENTS

95. Applicant must attach the following documents:

- A copy of your most recent **Progress Report**
- A copy of your **School ID** card



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SKILLS INVENTORY

Name: _____

ID#: _____

Faculty: _____

Please Indicate any special skill that you possess by placing a tick (✓) in the appropriate section, which will indicate whether you are knowledgeable, have any certificates or work experience in the specific area.

	SKILL AREA	KNOWLEDGE	CERTIFICATE	WORK EXPERIENCE
1	Accounting			
2	Administration			
3	Customer Service			
4	Data Entry			
5	Computer Applications			
6	Programming			
7	Computer Networking			
8	Webpage Design			
9	Teaching			
10	Tutoring			
11	Researching			
12	Electrical Technician			
13	Mechanical Technician			
14	Carpentry			
15	Painting			
16	A/C Technician			
17	Refrigerator Technician			
18	Housekeeping			
19	Waitering			
20	Culinary			
21	Dancing			
22	Drama			
23	Life Guard			
24	First Aid			
25	Other Please Specify			
26	(a)			
27	(b)			
28	(c)			



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14.0 FOR OFFICIAL USE ONLY		
<u>Documents Submitted</u>		
Progress Report	[]
School ID Card	[]
Location:-		
Supervisor:		
Extension #:		
Employment period:-	From:	To:
Comments:-		