



THE UNIVERSITY OF TECHNOLOGY, JAMAICA  
FINANCIAL AID OFFICE  
**SCHOLARSHIP APPLICATION FORM**

**Instruction Sheet**

- Please **read the instructions carefully** before completing this form and answer **all** relevant questions. **INCOMPLETE applications will not be processed.**
- Please indicate 'N/A' where the information requested in a section is not applicable to your situation.
- The application form should be completed in **BLOCK CAPITALS** only.
- The completed application form should be submitted along with a **copy** of your school ID, **SEMESTER ONE (I) PROGRESS REPORT** for the 2010/11 academic year (returning students) OR copies of your **CXC/CSEC** and/or **CAPE** results (new students).
- Please attach a copy of a photo ID (School ID, Drivers Licence, Pass Port etc)
- List the names of all the awards for which you are applying in order of preference.
- Please ensure that the scholarships you list are applicable to your Faculty, Programme, Year or any other criterion stipulated on the scholarship listing.
- Please note that you are required to provide copies of **all** supporting documents requested, including academic and co-curricular record.
- Students are allowed to have one (1) award of any value **OR** multiple awards where the sum totals of these award values do not exceed Two Hundred Thousand Dollars (\$200,000).
- Where income figures are required, gross amounts should be stated.
- Students are requested to provide information on their participation in on or off-campus **co-curricular activities** as it is **a criterion of each award**. In each case you are requested to submit the following:
  - For On-Campus Co-curricular Activities:  
A letter from the President/Designate of the Club/Societies certifying membership and/or position held. A letter may also be requested from the Students Union VP Clubs and Societies.
  - For Off-Campus Co-curricular Activities:  
A letter of support written by the President/Chairman or Secretary of the Body/Association to which you belong. The letter should state clearly:
    - I. The nature of the Body/Association



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II. The length and nature of the applicant's involvement

**LIST OF AWARDS**

<b>ID#:</b>		<b>E-mail Address:</b>		
<b>NAME</b>	<b>Title:</b>	<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name(s):</b>
<b>PLEASE LIST THE AWARDS FOR WHICH YOU WISH TO APPLY</b>				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				



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**N.B.** – Check to ensure that the awards listed above are applicable to your faculty, programme, year or any other criterion stipulated in the Scholarship Listing.

<b>1.0 BIOGRAPHIC PROFILE</b>					
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:	
14. Employer's Address: _____ _____					
15. Employer's Telephone: _____			16. Employers E-mail Address: _____		
<b>2.0 CONTACT INFORMATION</b>					
17. Permanent Address Apt/Street/P.O. Box _____ _____ _____			20. Term Address (if you reside on Hall please provide full details) Apt/Street/P.O. Box _____ _____ _____		
City/Town:	Parish:	Country:	City/Town:	Parish:	Country:
18. Home Phone:		19. Cellular Phone:		22. Cellular Phone:	
21. Home Phone:		23. E-mail Address: _____			
<b>3.0 ACADEMIC PROFILE</b>					
24. First Faculty of Admission:			25. Present Faculty:		
26. Programme:			27. State your Major:		
28. Indicate Your Enrollment Status: Fulltime <input type="checkbox"/> Evening <input type="checkbox"/> Part-Time <input type="checkbox"/>				29. Year of Study:	
30. Have you Transferred from a Community College? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state _____					
31. Expected Date of Graduation: dd / mm / yyyy			32. Hall of Residence (Residing):		
33. Have you applied for transfer to another Faculty in the upcoming academic year? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state: Faculty _____ Programme: _____					
34. Have you been previously awarded a Scholarship/Bursary tenable at UTech? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes state: Award Name _____ Value \$ _____					



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<b>4.0 PARENTAL INFORMATION</b>				
<b>Mother/Stepmother/Caregiver</b> (Omit as necessary)		<b>Father/Stepfather/Caregiver</b> (Omit as necessary)		
35. Name _____		42. Name _____		
36. Address _____ _____ _____		43. Address _____ _____ _____		
37. Telephone (W):		44. Telephone (W):		
38. Telephone (H):		45. Telephone (H):		
39. Occupation:		46. Occupation:		
40. Employer:		47. Employer:		
41. Salary \$ _____ Weekly -[ ] Fortnightly -[ ] Monthly -[ ]		48. Salary \$ _____ Weekly -[ ] Fortnightly -[ ] Monthly -[ ]		
<b>5.0 SPOUSAL INFORMATION</b>		<b>6.0 DEPENDENT(S)</b>		
49. Name:		57. Name	58. Age:	
50. Address (If different from Applicant's Permanent Address) _____ _____ _____		59. School		
		60. Name	61. Age:	
		62. School		
		63. Name	64. Age:	
51. E-mail Address:		65. School		
52. Telephone (W):		66. Other Dependent(s)? Yes [ ] No [ ]		
53. Telephone (H):		Please Specify _____ _____ _____		
54. Occupation:		_____ _____		
55. Employer:		_____ _____		
56. Salary \$ _____ Weekly -[ ] Fortnightly -[ ] Monthly -[ ]		_____ _____		
<b>7.0 WORK EXPERIENCE</b>				
67. 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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<b>8.0 CO-CURRICULAR RECORD</b>		
68. Please indicate the Co-curricula activities in which you are involved: Sports <input type="checkbox"/> Clubs/Societies <input type="checkbox"/> Community Base Activity <input type="checkbox"/>		
<b><u>CURRENT INVOLVEMENT</u></b>		
<b>Sports</b>	<b>Clubs/ Societies</b>	<b>Community Activity</b>
Activity Name:	Name:	Name:
Competition Entered:	Position Held:	Position Held:
Competition Date: <i>dd / mm / yyyy</i>	Membership Date: <i>dd / mm / yyyy</i>	Membership Date: <i>dd / mm / yyyy</i>
Activity Name:	Name:	Name:
Competition Entered:	Position Held:	Position Held:
Competition Date: <i>dd / mm / yyyy</i>	Membership Date: <i>dd / mm / yyyy</i>	Membership Date: <i>dd / mm / yyyy</i>
Activity Name:	Name:	Name:
Competition Entered:	Position Held:	Position Held:
Competition Date: <i>dd / mm / yyyy</i>	Membership Date: <i>dd / mm / yyyy</i>	Membership Date: <i>dd / mm / yyyy</i>
<b><u>PAST INVOLVEMENT</u></b>		
<b>Sports</b>	<b>Clubs/ Societies</b>	<b>Community Activity</b>
Activity Name:	Name:	Name:
Competition Entered:	Position Held:	Position Held:
Competition Date: <i>dd / mm / yyyy</i>	Membership Date: <i>dd / mm / yyyy</i>	Membership Date: <i>dd / mm / yyyy</i>
Activity Name:	Name:	Name:
Competition Entered:	Position Held:	Position Held:
Competition Date: <i>dd / mm / yyyy</i>	Membership Date: <i>dd / mm / yyyy</i>	Membership Date: <i>dd / mm / yyyy</i>
Activity Name:	Name:	Name:
Competition Entered:	Position Held:	Position Held:
Competition Date: <i>dd / mm / yyyy</i>	Membership Date: <i>dd / mm / yyyy</i>	Membership Date: <i>dd / mm / yyyy</i>





