



THE UNIVERSITY OF TECHNOLOGY, JAMAICA

FINANCIAL AID OFFICE

EARN & STUDY APPLICATION FORM

SUMMER SEMESTER

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:
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. _____	_____
		b. _____	_____
73. Total Expenses	=====	82. Other Income/Resources	_____
		83. Total Income/Resources	=====
84. Shortfall (<i>Subtract Total Expenses from Total Income</i>): _____			
85. I affirm that the information provided within this form is correct:			
_____		_____	
Applicants Signature		Date (dd / mm / yyyy)	

N.B.: Information provided for the Budget Planner should be for the current academic Year only. Figures should represent Annual Totals.

