



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:
City/Town:	Parish:	Country:		City/Town:	Parish:
16. Home Phone:		17. Cellular Phone:		18. Home Phone:	
16. Home Phone:		17. Cellular 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	



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