



THE UNIVERSITY OF TECHNOLOGY, JAMAICA  
DEPARTMENT OF STUDENT FINANCING  
STUDENT WELFARE UNIT  
EARN & STUDY APPLICATION FORM  
**SUMMER**

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**Instruction Sheet**

- Please **read the instructions carefully** before completing this form and answer all relevant questions. **Incomplete applications will not be processed.**
- Applicants are required to complete all sections of the form in **BLOCK LETTERS** only. Please indicate 'N/A' where the information requested in a section is not applicable to your situation.
- Completed application forms should be submitted to the Financial Aid's Welfare Unit, Student Services Building.
- Applicants are required to attach a copy of their most recent Progress Report, School ID Card.
- Regular working hours on the Earn and Study Programme are between 8:00 a.m. – 4:00 p.m. - Mondays to Fridays. If you are earlier than 8:00 am, you should sign for 8:00 am.
- All Students are expected to complete 80 percent of the programme (12 weeks) to receive a Certificate of Participation and be eligible for a written recommendation from the Student Welfare Unit; except in extenuating circumstances, for which special consideration will be given.
- All students will be allowed to work a maximum of forty (40) hours per week, which will translate to eighty (80) hours per fortnight. This does not apply to the EXPANDED STUDENTS
- The Summer programme runs for Fourteen (14) weeks. Successful applicants will be engaged from Monday, May 13, 2024, to Friday, August 16, 2024.
- The rate of pay will be \$350.00 per hour. The rates may be higher on the Expanded Earn and Study Programme, which is funded by individual budget holders.
- The students will be paid on a fortnightly basis in the Summer Programme. **Payment will be made via bank transfer; to the prepaid MasterCard provided by the Student Welfare Unit through NCB. Please note, you will NOT be paid without the MasterCard.**

**Please be reminded that:**

- ❖ First (1<sup>st</sup>) year students are given priority to work in the summer of their first year.
- ❖ Final (4<sup>th</sup> and 5<sup>th</sup>) year students are given priority to work in the summer of their final year.
- ❖ Second and third year students are given priority to work in the Semester 1 & 2 Programme.

NB. Students who have broken the University's regulations will be immediately removed from the Programme and will not be re-employed.

The application period for Earn and Study is as follows: 1) Summer Semester - **March 04 – March 29, 2024.** 2) Semesters I & II - **August 02 - August 31, 2024.** **Application forms can be emailed to [studentwelfare@utech.edu.jm](mailto:studentwelfare@utech.edu.jm)**



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**1.0 STUDENT INFORMATION**

1. ID #: \_\_\_\_\_ 2. TRN #: \_\_\_\_\_

3. Name: Mr., Miss, Mrs.

\_\_\_\_\_

Surname First Middle

4. DOB: dd/mm/yyyy 5. Gender: Male  Female  6. Marital Status: \_\_\_\_\_

7. Country of Birth: \_\_\_\_\_ 8. Nationality: \_\_\_\_\_

9. Disability: Yes  No , If yes, state: \_\_\_\_\_ 10. Employed: Yes  No

11. Employer Name: \_\_\_\_\_

12. Employer Address: \_\_\_\_\_

**2.0 CONTACT INFORMATION**

13. Permanent Address: _____ _____	17. Term Address: _____ _____
14. Phone(H) (____) _____	18. Phone(H) (____) _____
15. Cellular: (____) _____	19. Cellular: (____) _____
16. Email Address: _____ _____	

**3.0 ACADEMIC PROFILE**

20. Faculty: \_\_\_\_\_ 21. School: \_\_\_\_\_

22. Enrollment Status: Fulltime  Flexible  22a. Year of Study: 1  2  3  4  5

22 b. GPA: \_\_\_\_\_

23a. Transferred from a Community College? Yes  No , If yes, state: \_\_\_\_\_



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23b. Expected Date of Graduation: dd/mm/yyyy    24. Hall of Residence: \_\_\_\_\_

25a. Have you been previously awarded a Scholarship/Bursary tenable at UTech? Yes  No

25b. If yes, state:

Award Name \_\_\_\_\_ Value: \$ \_\_\_\_\_ Academic Year \_\_\_\_\_

Award Name \_\_\_\_\_ Value: \$ \_\_\_\_\_ Academic Year \_\_\_\_\_

Award Name \_\_\_\_\_ Value: \$ \_\_\_\_\_ Academic Year \_\_\_\_\_

**4.0 PARENTAL INFORMATION**

Please circle option that is applicable

Mother/Stepmother/Caregiver	Father/Stepfather/Caregiver
26. Name:	32. Name:
27. Address:	33. Address:
28. Phone(C):                      Phone(W):	34. Phone(C):                      Phone(W):
29. Occupation:	35. Occupation:
30. Employer:	36. Employer:
31. Gross Monthly Salary::	37. Gross Monthly Salary:

5.0 SPOUSAL INFORMATION	6.0 DEPENDENT(S)
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38. Name:	46a. Name	46b. Age:
39. Address (If different from Applicant's Permanent Address) _____ _____ _____	47. School	
	48a. Name	48b. Age:
	49. School	
	50a. Name	50b. Age:
40. E-mail Address:	51. School	
41 Telephone (W):	52. Other Dependent(s)? Yes [ ] No [ ] Please Specify _____ _____ _____ _____	
42. Telephone (H):		
43. Occupation:		
44. Employer:		
45. Gross Monthly Salary \$ _____		



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**7.0 EARN & STUDY WORK EXPERIENCE**

53. Have you ever worked on the Earn & Study Programme before? Yes  No , If yes list below

Department	Period	Academic Year
	Semester 1 and 2 <input type="checkbox"/> Summer <input type="checkbox"/>	
	Semester 1 and 2 <input type="checkbox"/> Summer <input type="checkbox"/>	
	Semester 1 and 2 <input type="checkbox"/> Summer <input type="checkbox"/>	
	Semester 1 and 2 <input type="checkbox"/> Summer <input type="checkbox"/>	
	Semester 1 and 2 <input type="checkbox"/> Summer <input type="checkbox"/>	

**8.0 WORK EXPERIENCE**

54. 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	

**9.0 SLB/PATH BENEFICIARY**

55. Did you apply to the Student Loan Bureau (SLB) for the current academic year? Yes  No

If Yes, Amount Received: Loan \$ \_\_\_\_\_ SLB Grant \$ \_\_\_\_\_

If No, Why? \_\_\_\_\_

Have you been a PATH Beneficiary? Yes  No

Please State PATH Family Registration Number : \_\_\_\_\_



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**10.0 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.

	<b>SKILL AREA</b>	<b>KNOWLEDGE</b>	<b>CERTIFICATE</b>	<b>WORK EXPERIENCE</b>
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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**11.0 SUPPORTING DOCUMENTS**

Documents Submitted

57. Applicant must attach the following documents:

**Regular [ ] Expanded [ ]**

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

**12.0 FOR OFFICIAL USE ONLY**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Programme \_\_\_\_\_ Faculty \_\_\_\_\_

Year of Study: \_\_\_\_\_ Email: \_\_\_\_\_

Phone (C): \_\_\_\_\_ (H) \_\_\_\_\_

Registration Status [ ] Valid School ID Card [ ]

Progress Report [ ]

Earn and Study Programme: Summer [ ] Semester 1&2 [ ]

Placement location \_\_\_\_\_ Supervisor \_\_\_\_\_

Employment Period:- From (Date Start):- \_\_\_\_\_ To (Date Ended):- \_\_\_\_\_

**13.0 PLACEMENT RANKING**

	Never Worked	Worked Once	Worked Twice	Worked Three Times	Worked Four Times
Rank	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>

Comments:-



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**14.0 DATA SHEET FOR DIRECT DEPOSIT  
STUDENTS**

**GENERAL INFORMATION**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
FACULTY: \_\_\_\_\_  
ID #: \_\_\_\_\_  
TELEPHONE #: (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

**BANKING INFORMATION**

BANK NAME: National Commercial Bank (MasterCard)

MASTERCARD CASH CARD #: \_\_\_\_\_

***NB.** If you do not have a MasterCard, please collect a "Prepaid MasterCard Application Form" at the Student Welfare Office. **MasterCards used for Lunch are eligible.***

**E-MAIL INFORMATION**

EMAIL ADDRESS: \_\_\_\_\_

**DECLARATION**

I declare that the information above is true and correct and accept responsibility for the validity of the information provided.

Signature: \_\_\_\_\_

Date : \_\_\_\_\_

**Please attach a copy of your valid School ID and proof of banking information**

**Return form to:  
Student Welfare Unit  
Department of Student Financing  
Financial Aid Office  
University of Technology, Jamaica  
237 Old Hope Road  
Kingston 6**