



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 2024/25 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, Driver's Licence, Passport etc.)
 - **Please ensure that the awards you list are applicable to your College/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 Five Hundred Thousand Dollars (\$500,000.00).
 - Where income figures are required, gross amounts should be stated.
 - Students are required to provide information on their participation in **current** on or off-campus **co-curricular activities** as it is **a criterion of each award**. In each case you are required 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
 - II. The length and nature of the applicant's involvement
- N.B. – Check to ensure that the awards listed below are applicable to your faculty, programme, year or any other criterion stipulated in the Scholarship Listing.**



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LIST OF AWARD (S)

APPLICANT / UTECH ID#:		TRN # (Required):		
CAMPUS: Papine [] Western [] Arthur Wint [] Slipe Pen Road []				
NAME	Title:	Last Name:	First Name:	Middle Name(s):
PLEASE LIST THE NAME (S) OF AWARD (S) FOR WHICH YOU WISH TO APPLY				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				



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1.0 BIOGRAPHIC PROFILE					
1. APPLICANT / UTECH 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:		7. Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		8. Marital 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: _____		
2.0 CONTACT INFORMATION					
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. E-mail Address: _____		20. Home Phone:		21. Cellular Phone:	
3.0 ACADEMIC PROFILE					
23. First Faculty of Admission:			24. Present Faculty:		
25. Programme:			26. State your Major:		
27. Indicate Your Enrollment Status: Fulltime <input type="checkbox"/> Part-Time <input type="checkbox"/> 28. Year of Study for Academic Year 2025/26:					



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	1 2 3 4 5
29. Have you Transferred from a Community College? Yes [] No [] If yes, state _____	
30. Expected Year of Graduation: _____	31. Hall of Residence (Residing): _____
32. Have you applied for transfer to another Faculty in the upcoming academic year? Yes [] No [] If yes, state: Faculty _____ Programme: _____	
33. Have you been previously awarded a Scholarship/Bursary tenable at UTech? Yes [] No [] If yes state: Award Name _____ Value \$ _____	

4.0 PARENTAL INFORMATION		
Mother/Stepmother/Caregiver (Omit as necessary)	Father/Stepfather/Caregiver (Omit as necessary)	
34. Name :	41. Name:	
35. Address:	42. Address:	
36. Telephone (C):	43. Telephone (C):	
37. Telephone (H/W):	44. Telephone (H/W):	
38. Occupation:	45. Occupation:	
39. Employer:	46. Employer:	
40. Salary \$: Weekly -[] Fortnightly -[] Monthly -[]	47. Salary \$: Weekly -[] Fortnightly -[] Monthly -[]	
5.0 SPOUSAL INFORMATION	6.0 DEPENDENT(S) (persons who depend on you)	
48. Name:	56. Name	57. Age:
49. Address (If different from Applicant's Permanent Address) _____ _____ _____	58. School	
	59. Name	60. Age:
	61. School	
	62. Name N/A	63. Age:
50. E-mail Address:	64. School	
51. Telephone (W):	65. Other Dependent(s)? Yes [] No []	
52. Telephone (H):	Please Specify _____	
53. Occupation:	_____	
54. Employer:	_____	
55. Salary \$ _____ Weekly -[] Fortnightly -[] Monthly -[]	_____	



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7.0 WORK EXPERIENCE				
66. 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 CO-CURRICULAR RECORD		
67. Please indicate the Co-curricula activities in which you are involved: Sports [] Clubs/Societies [] Community Base Activity []		
<u>CURRENT INVOLVEMENT</u>		
Sports	Clubs/ Societies	Community Activity
Activity Name:	Name:	Name:
Competition Entered:	Position Held:	Position Held:
Competition Date: dd / mm / yyyy	Membership Date: dd / mm / yyyy	Membership Date: dd / mm / yyyy
Activity Name:	Name:	Name:
Competition Entered:	Position Held:	Position Held:
Competition Date: dd / mm / yyyy	Membership Date: dd / mm / yyyy	Membership Date: dd / mm / yyyy
Activity Name:	Name:	Name:
Competition Entered:	Position Held:	Position Held:
Competition Date: dd / mm / yyyy	Membership Date: dd / mm / yyyy	Membership Date: dd / mm / yyyy
<u>PAST INVOLVEMENT</u>		
Sports	Clubs/ Societies	Community Activity
Activity Name:	Name:	Name:
Competition Entered:	Position Held:	Position Held:
Competition Date: dd / mm / yyyy	Membership Date: dd / mm / yyyy	Membership Date: dd / mm / yyyy
Activity Name:	Name:	Name:
Competition Entered:	Position Held:	Position Held:
Competition Date: dd / mm / yyyy	Membership Date: dd / mm / yyyy	Membership Date: dd / mm / yyyy
Activity Name:	Name:	Name:
Competition Entered:	Position Held:	Position Held:
Competition Date: dd / mm / yyyy	Membership Date: dd / mm / yyyy	Membership Date: dd / mm / yyyy



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13.0 STUDENTS LOAN	
73. Did you apply to the Students Loan Bureau (SLB) for the 2025/2026 Academic Year? Yes [] No []	
If Yes, Amount Received: Loan \$ _____ Grant \$ _____	
If No, Why not _____	

74. Did you receive Students Loan Bureau (SLB) for the 2024/25 Academic Year? Yes [] No []	

Signature: _____ Date: _____

By signing this Scholarship Application Form, I, the undersigned applicant, grants consent to the University of Technology, Jamaica to collect, store and use all personal information provided for lawful purposes in relation to the scholarship application process.

If awarded, I hereby consent for the relevant documents, including my Progress Report(s), to be shared with the Donor(s) as is necessary for the administration of the scholarship.

If I am not successful in obtaining the scholarship, I understand that all submitted documents shall be promptly disposed of in compliance with the Data Protection Act 2020 and its regulations, thereby ensuring the confidentiality and privacy of my information.

Name : _____ Signature: _____

Date: _____

FOR OFFICIAL USE ONLY	
<u>Documents Submitted</u>	
Progress Report (Returning Students)	[]
Copy of CSEC Results (New Students only)	[]
Copy of CAPE II Results (New Students only)	[]
Copy of ID	[]
Letter (s) from Club(s)	[]
ASSESSMENT COMMITTEE’S DECISION	

