UNIVERSITY OF TECHNOLOGY, JAMAICA
DEPARTMENT OF STUDENT FINANCING
STUDENT WELFARE UNIT
LUNCH APPLICATION FORM

Instruction Sheet:

1. Please **read the instructions carefully** before completing this form and answer **ALL** relevant questions. **INCOMPLETE applications will NOT be ACCEPTED**.

2. 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.

3. Students who falsify information will be disqualified from any future assistance from the Welfare Office.

4. All salary related questions should be accompanied by a pay-stub.

5. Completed application forms should be submitted to the Welfare Office or by email at studentwelfare@utech.edu.jm .

6. A copy of your **school ID** must be attached to the application; as only registered students are eligible for lunch assistance.

7. **Suitable Referees: Pastors, Justices of the Peace, UTech Lecturers and UTech Middle & Senior Managers, Medical Doctors, Resident Manager and Special Needs Asst.**

8. **The information shared in this form will be kept confidential for the duration of the student's tenure.**

9. Applications for lunch for the academic year will open officially in August at the beginning of each academic year.

10. All successful applicants will be required to use a NCB MasterCard in order to receive the monthly lunch assistance. The MasterCard application form can be collected at the Student Welfare Unit (SWU).

11. Once approved, each recipient is eligible to receive lunch benefits for the entire academic year; provided that they register for all three semesters. **N.B – Students unregistered for the Summer Semester will not receive the benefit.**

12. Once the list of recipients for the academic year are approved and finalized in the semester there will be no additions of lunch benefit awards for the rest of the academic year.

13. Students are approved by the Student Welfare Committee for lunch assistance once per AY and consideration will be given in special circumstances.

14. Students are required to re-apply for lunch assistance at the start of the academic year.
All incomplete forms if collected erroneously are not collected within 10 working days after being contacted will be discarded.

DO NOT SUBMIT THIS PAGE WITH YOUR APPLICATION

ALL INFORMATION PROVIDED WILL BE CHECKED AND VERIFIED.
FY 2024/25
Updated June 20, 2024

UNIVERSITY OF TECHNOLOGY, JAMAICA
DEPARTMENT OF STUDENT FINANCING
STUDENT WELFARE UNIT
LUNCH APPLICATION FORM

FINANCIAL ASSISTANCE CONSENT FORM

To: All Students Applying for Financial Assistance

In accordance with the Data Protection Act, 2020 of Jamaica ("DPA, 2020"), we require your consent to collect and process your personal information contained in the application forms for financial assistance (Student Welfare Grant, Lunch and Earn and Study programs). Your personal data will be used strictly for decision-making purposes related to your application.

Please provide the requisite information below and sign accordingly:

- Student Name: _____
- Student ID Number: _____
- Program: _____

I, _____, hereby give my consent to _____ the University of Technology, Jamaica ("UTech, Ja.") to collect, process, and store my personal data for the purposes of assessing my application for financial assistance.

I understand and agree to the following terms and conditions:

1. **Collection of Personal Data**: I consent to the collection, processing, and storage of my personal data by UTech, Ja. for the purposes of evaluating my application for financial assistance.

2. **Sharing of Personal Data**: I understand that the information shared will include my application details and any relevant academic information as required for the financial assistance assessment. This may include personal information such as my name, contact details, academic records, and financial status.

3. **Withdrawal of Consent**: I acknowledge that I have the right to withdraw my consent at any time by notifying the Student Welfare Unit at the Financial Aid Office in the Department of Student Financing at UTech, Ja. in writing.

4. **Accuracy of Information**: I confirm that all information provided by me in this consent form is true, accurate, and complete to the best of my knowledge.

5. **Data Protection**: I understand that UTech, Ja. will handle my personal data in accordance with the DPA, 2020 and any other applicable data protection laws and regulations.

By submitting this Consent Form, I acknowledge and expressly consent to the processing of my personal information in accordance with the DPA, 2020 and the obligations outlined herein. This consent pertains to the collection, storage, use, and disclosure of my personal data for the purposes outlined in this application and any related processes.

By signing this Consent Form, I confirm that I have read, understood, and agree to the terms outlined herein and that I voluntarily and freely consent to the processing of my personal information as described.

Signature

Student Signature: _____

Date: _____

UNIVERSITY OF TECHNOLOGY, JAMAICA
DEPARTMENT OF STUDENT FINANCING
STUDENT WELFARE UNIT
LUNCH APPLICATION FORM

Papine Campus □	Western Campus □	BraeMar Avenue □	Dental School □

1.0 STUDENT INFORMATION

Are you a UTech staff member? Yes □ No □	Are you a dependent of a UTech staff member? Yes □ No □
1. ID #:	2. TRN #:

3. Title: Mr., Miss, Mrs. First name: Surname:		Middle name:

4. DOB:	5. Gender: Male □ Female □
6. Country of Birth:	7. Nationality:
8. Disability: Yes □ No □	9. Employed: Yes □ No □
10. Employer's Name:	11. Employer's Email-Address:
12. Salary (Monthly/fortnightly):	13. Contact Number:

2.0 CONTACT INFORMATION

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

3.0 ACADEMIC PROFILE

21. Faculty:	22. School:
23. Enrollment Status: Fulltime □ Flexible □	24. Year of Study: 1 □ 2 □ 3 □ 4 □ 5 □
25. Expected Date of Graduation:	26. Hall of Residence:

4.0 PARENTAL INFORMATION

Please circle option that is applicable

Mother Stepmother Caregiver	**Father Stepfather Caregiver**
27. Name:	33. Name:
28. Address:	34. Address:
29. Phone(C): Phone(W):	35. Phone(C): Phone(W):
30. Occupation:	36. Occupation:
31. Employer:	37. Employer:
32. Gross Monthly Salary:	38. Gross Monthly Salary:

5.0 DEPENDENTS

Do you have any children? Yes □ No □

6.0 SPOUSAL INFORMATION		**7.0 DEPENDENT(S)**	
39. Name:		47. Name:	48. Age:
40. Address (If different from Applicant's Permanent Address):		49. School:	
		50. Name:	51. Age:
		52. School:	
41. Email Address:		53. Name:	54. Age:
42. Telephone(W):	43. Telephone(H):	55. School:	
44. Occupation:	45.Employer:	56. Other Dependent(s)? Yes □ No □	
46. Gross Monthly Salary$:		57. Please Specify:	

3

UNIVERSITY OF TECHNOLOGY, JAMAICA
DEPARTMENT OF STUDENT FINANCING
STUDENT WELFARE UNIT
LUNCH APPLICATION FORM

8.0 PREVIOUS ASSISTANCE RECEIVED FROM THE WELFARE OFFICE

58. State all assistance received previously from the Welfare Office, (e.g. Earn and Study, Lunch Tickets, Cash Grant, Tuition, etc)

Nature/Form of Assistance	Academic Year(s)	Amount($)

9.0 FINANCIAL ASSISTANCE (P LEASE ANSWER ALL QUESTIONS IN THIS SECTION)

59. Did you apply to the Student Load Bureau (SLB) for the current academic year?   Yes □ No □ If yes:

Amount Received: Loan $:	Amount Received: Loan $:

If No, Why?

Have you been a PATH Beneficiary? Yes □ No □   State PATH family Registration Number:

60. Have you been previously awarded a Scholarship/Bursary tenable at UTech? Yes □ No □ If yes, state:

Award Name:	Value $	Academic Year:
Award Name:	Value $	Academic Year:

10.0 ASSISTANCE RECEIVED FROM EXTERNAL AGENCIES IN THIS ACADEMIC YEAR

61. Have you benefitted from any of the following:

Jamaica Values and Attitude (JAMVAT) Yes □ No □ If yes:

Amount Received: Loan $:	Academic Year:

Citizens Security & Justice Programme (CSJP) Yes □   No □ If yes:

Amount Received $:	Academic Year:

National Poverty Eradication Programme (NPEP) Yes □ No □ If yes:

Amount Received $:	Academic Year:

Ministry of Labour – Youth Empowerment Strategy (YES Programme) Yes □ No □ If yes:

Amount Received $:	Academic Year:

Ministry of Education Grants Programme (MOE) Yes □ No □ If yes:

Amount Received $:	Academic Year:

Social Development Commission (SDC) /Member of Parliament Yes □ No □ If yes:

Amount Received $:	Academic Year:

Assistance Received from any other Public or Private Agencies, Yes □   No □
If yes, please specify:-

4

UNIVERSITY OF TECHNOLOGY, JAMAICA
DEPARTMENT OF STUDENT FINANCING
STUDENT WELFARE UNIT
LUNCH APPLICATION FORM

11.0 REASON FOR ASSISTANCE

62. EXPLAIN CLEARLY WHY YOU ARE IN NEED OF ASSISTANCE WITH LUNCH. THIS SHOULD CLEARLY INDICATE YOUR FINANCIAL NEED.

UNIVERSITY OF TECHNOLOGY, JAMAICA
DEPARTMENT OF STUDENT FINANCING
STUDENT WELFARE UNIT
LUNCH APPLICATION FORM

12.0 REFEREE'S AFFIDAVIT

Please note: This affidavit should be completed by the Referee only.

63. Referee's Title: Mr. , Miss, Mrs. Surname:	First name:	Middle name:
64. Home Phone:	65. Work Phone:	66. Email Address:

67. Occupation:	68. Name of Employer/ Business:

69. Name of Student being recommended:

70. How long have you known the applicant?	Year(s):	Month(s):

71. Would you regard the applicant as someone with integrity? Yes □ No □

72. What do you know of the financial situation of the applicant's family?

73. Is this Student experiencing financial difficulties? Yes □ No □   If yes, Explain:

74. How would assistance from this Office benefit the applicant?

75. Is there any other pertinent information that you think we should know? Yes □ No □   If yes, please explain:

76. I hereby declare that the information provided above and by the applicant is to the best of my knowledge true.

Signed:	Date:	Stamp/Seal:

N.B.
- **Referees should know the applicant for at least one (1) year and should be able to attest to the information provided by the applicant.**
- **Suitable Referees are: Pastor, Justice of the Peace, Medical Doctor, Special Needs Assistant, Resident Mangers, UTech Lecturer or UTech Senior Manager.**
- **All Referees are required to affix the <u>OFFICIAL STAMP</u> of their Office / Department / Organization.**
- **The University reserves the right to verify any information provided on this form.**

FY 2024/25
Updated June 20, 2024

UNIVERSITY OF TECHNOLOGY, JAMAICA
DEPARTMENT OF STUDENT FINANCING
STUDENT WELFARE UNIT
LUNCH APPLICATION FORM

FOR OFFICIAL USE ONLY
DOCUMENTS SUBMITTED

Registration Status ☐	**Valid School ID Card** ☐
Account Balance ☐	**Progress Report** ☐

ASSISTANCE AWARDED

STUDENT'S NAME:		STUDENT'S ID#:
TYPES	**VALUE OF ASSISTANCE $$**	**REMARKS**
1.		
2.		
3.		

WELFARE COMMITTEE SIGNATORIES

NAME	TITLE	SIGNATURE
1.		
2.		
3.		
Terry-Ann Rhule	Student Welfare Officer	
Date of Sitting:		
Round Robin:		

Department's Stamp:

COMMENT'S:

FY 2024/25
Updated June 20, 2024