The following supporting documents are required for your application:

1) Letter of acceptance/status letter
2) Progress Report (Transcript)
3) Evidence of outstanding balances or tuition fees (must be obtained from institution)
4) Job Letter (If Employed)
5) Passport sized photograph
6) Certified copy of birth certificate
7) TRN
8) Evidence of need _ reference letter from two referees
   - Principal or teacher
   - Pastor
   - Guidance Counsellor or representative from Student Support Services
   - Member of Parliament
   - Justice of the Peace

Applications must be submitted between April 1 and June 30 of each year.

Applicants for Grants are to note that should any single award or the sum total of multiple awards exceed $299,999, the candidate will be bonded to work in Jamaica. The length of the bonding period will be determined by the bands outlined in the Bonding Policy administered by the Ministry of Finance and the Public Service. Additional grants will be determined based on student performance in the previous year.

Completed application forms and the supporting documents may be submitted via email to grants@moey.gov.jm
### SECTION A

#### APPLICANT INFORMATION

1. **Title:** Mr. | Mrs. | Ms.  
   **Last Name:**  
   **First Name:**  
   **Middle Name(s):**

2. **FORMER NAME (If Applicable)**  
   **Title:**  
   **Last Name:**  
   **First Name:**  
   **Middle Name(s):**

3. **Date of Birth:** *dd / mm / yyyy*  
4. **Gender:**  
   - Male [ ]  
   - Female [ ]

5. **Marital Status:**  
   - Single [ ]  
   - Married [ ]  
   - Divorced [ ]  
   - Separated [ ]

9. **Country of Birth:**

10. **Nationality:**

11. **Employment Status:**  
    - Part-time [ ]  
    - Full Time [ ]  
    - Unemployed [ ]

12. **Employer’s Name:**

13. **Employer’s Address:**

14. **Employer’s Telephone Number:**

15. **Employer’s E-mail Address:**

### APPLICANT CONTACT INFORMATION

16. **Address:**

17. **Home Phone:**  
   **Cellular Phone:**

18. **E-mail Address:**

### APPLICANT ACADEMIC INFORMATION

19. **Name of Institution attending:**

   **Student’s ID#:**

20. **Address of Institution:**

21. **Course of Study:**

22. **Date Course Began:** *dd / mm / yyyy*

23. **Date Course Ends:** *dd / mm / yyyy*

24. **Tuition Fee:**

25. **How much fees do you currently owe?**

26. **Are you benefitting from any other financial scheme? Example, the SLB. Yes [ ] No [ ]**

   If Yes, please state the name/source and the amount:

### SECTION B
<table>
<thead>
<tr>
<th><strong>Next of Kin (1) (SPOUSE OR CLOSE RELATIVE)</strong></th>
<th><strong>Next of Kin (2) (SPOUSE OR CLOSE RELATIVE)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>27. Name____________________________________</td>
<td>34. Name____________________________________</td>
</tr>
<tr>
<td>28. Address__________________________________</td>
<td>35. Address__________________________________</td>
</tr>
<tr>
<td>30. Telephone (H):</td>
<td>37. Telephone (H):</td>
</tr>
<tr>
<td>31. Occupation: :</td>
<td>38. Occupation:</td>
</tr>
<tr>
<td>32. Employer: :</td>
<td>39. Employer:</td>
</tr>
</tbody>
</table>

**SECTION C**

41. Write a paragraph stating your present sources of financial support; include the total sum available to you on a monthly basis and your arrangement for completing your training. State also the level of assistance being sought and why you should be considered for financial assistance.

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51. I hereby declare that all statements on this document are true.

Signed_________________________________________    Date:    dd / mm / yyyy