The Ministry of Education, Youth & Information will award scholarships to, first year University students who are desirous of pursuing a Bachelor Degree in any Faculty at the University of Technology.

Each applicant should complete ONE (1) COPY of this form – either type written or written legible in ink.

**Conditions**

Candidates should be:-

- Jamaican citizen, domiciled in Jamaica during the last five years.
- A final year student at a Technical High School desirous of pursuing full-time undergraduate studies at the University of Technology.
- Candidates will be required to enter into a bond to work in Jamaica and work in a Government owned institution for a period not exceeding five (5) years.

**Supporting Documents**

- Certificate of domicile signed by a J.P. or Minister of Religion or other reputable member of the community.
- A Character Reference /Report from a member of the community e.g. Education Officer, Principal, Minister of Religion or Justice of the Peace.
- Certificate of fitness signed by a Registered Medical Practitioner.
- Applicants should make their own application to the University of Technology for admission.
The scholarship award is valid for the academic year immediately following the offer of the award and cannot be deferred for any reason.

Completed forms and scanned copies of supporting documents must be submitted within the stated timeline via email to scholarships@moey.gov.jm The subject line of the email MUST contain the name of the scholarship for which the application is being made.

N.B. ONLY SHORTLISTED APPLICANTS WILL BE CONTACTED.
1. Name in full ____________________________________________________
   (BLOCK CAPS)     SURNAME      FORE NAMES

2. Address ________________________________________________________ Tel ________________

3. Place and date of birth __________________________________________

4. Nationality ______________________ E-mail address ______________________

5. Parents’ Name (Mother) ____________________________
   (Father) _____________________________________

6. Mother’s Address ____________________________________________
   ____________________________________ Tel: ______________________
   Occupation ___________________________________________

   Father’s Address ____________________________________________
   ____________________________________ Tel: ______________________
   Occupation ___________________________________________

7. Schools attended

   INSTITUTIONS                          YEARS ATTENDED
                                           FROM   TO

   ____________________________________________  _______  _______  _______
   ____________________________________________  _______  _______  _______
   ____________________________________________  _______  _______  _______
   ____________________________________________  _______  _______  _______
Name of present school___________________________________________________

Specialized course being taken_____________________________________________

Subjects to be taken in the C.X.C./G.C.E_____________________________________

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Distinction gained or offices held during your educational career________________

______________________________________________________________________

Profession/Occupation applicant wishes to pursue______________________________

Proposed course _______________________________Duration____________________

Has the candidate applied to the U-Tech? Yes _______________ No _____________

Name of any other institution
a) To which candidate has applied________________________________________

b) Which has offered you a place__________________________________________

State extra-curricular activities____________________________________________

______________________________________________________________

Signature ___________________________________

Date: ______________________________________
LETTER OF REFERENCE: ACADEMIC/PROFESSIONAL

SECTION A

TO APPLICANT: Please print your name in the space below. This form must be completed by your referee and returned to you to be submitted with the application form.

__________________________________ is applying for scholarship

NAME IN FULL

To study ___________________________ and requests that you complete this evaluation.

SECTION B

TO REFEREE

1. The referee report is confidential; please return the completed report to the applicant in a sealed envelope with your signature across the flap.

2. On this scale, make your ratings on the basis of your academic experience with the Applicant:

<table>
<thead>
<tr>
<th></th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Top 50%</td>
<td>Top 25%</td>
<td>Top 10%</td>
</tr>
<tr>
<td>Academic Capability</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Intellectual Potential</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Creativity &amp; Originality</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>
3. Describe the applicant’s academic strengths, work responsibilities, and outstanding achievements.
4. How long and in what capacity have you known the applicant? ___________________
______________________________________________________________________________

Name _______________________________ Signature _______________________________

Occupation __________________________ Qualification/Position _______________________

Address _____________________________ Date _______________________________________

Email ______________________________ Telephone _________________________________

NOTE: Please reply promptly as your failure to submit a report or late submission of your report will prevent a sound assessment of the candidate.