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

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.

Applicants should make their own application to U-Tech for admission.

A. Each candidate should complete two (2) copies of this form (in BLOCK CAPITALS) and submit them together with supporting documents.

**Documents to be submitted:**
1. Certified copy of birth certificate or evidence of date of birth.
2. A statement written by a reputable member of the community attesting that you have resided in Jamaica during the last three consecutive years.
3. Two passport-size photographs, stapled to the form.
4. One copy of statement of not more than 200 words as instructed at item 17.
5. Valid evidence of acceptance/registration at the University of Technology.
6. Letter of approval from Chief Personnel Officer or his representative (in the case of applicants in the Civil Service).
7. Certified copies of educational certificates/diplomas and a current progress report if attending University.
B. **CONDITIONS**

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.

(Please attach supporting documents to back of application form).

B. Applicants are advised that incomplete applications will **NOT** be accepted.

C. Detach the referee form attached and submit to your referees named at item 19.

D. The scholarship award is valid for the academic year immediately following the offer of the award and cannot be deferred for any reason.

**N.B. Only shortlisted applicants will be contacted.**

1. **Name in full**
   
   (BLOCK CAPS) Surname Fore Names

2. **Nationality** E-mail address

3. **Place and Date of Birth**

4. **Sex** Telephone

5. **Address for correspondence about this application**

6. **Address of Permanent Residence (if not the same as 5)**

   [Details filled in]

   Tel

7. **Parents’ Name (Mother) (Father)**

   Address Address

8. **Telephone No.** Telephone No.

   Occupation Occupation

9. **Educational Record.**

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<tr>
<th>INSTITUTION</th>
<th>YEAR ATTENDED</th>
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<tbody>
<tr>
<td>Year 1</td>
<td>From To</td>
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<td>Year 2</td>
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<td>Year 3</td>
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<td>Year 4</td>
<td>From To</td>
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<tr>
<td>Year 5</td>
<td>From To</td>
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</table>
9b. If intending to sit an examination before taking up the award, give particulars and date when result is expected.


ACADEMIC QUALIFICATIONS - STATE DETAILS CLEARLY. WHERE APPLICABLE THESE SHOULD INCLUDE PROFESSIONAL CERTIFICATES AND DIPLOMAS OBTAINED.

<table>
<thead>
<tr>
<th>DATE</th>
<th>EXAMINATION</th>
<th>SUBJECTS</th>
<th>STATE LEVEL (ADVANCE, ORDINARY, PRINCIPAL OR SUBSIDIARY)</th>
<th>RESULTS (GRADE)</th>
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</tbody>
</table>

10. Academic Distinctions gained or offices held during educational career


11. Proposed course(s)


12. Length of Proposed Course


13. Period which you expect award to cover


14. Extra-curricular interests and activities, if any……………………………………

15. Proposed future occupation…………………………………………………………

16. Have you applied to/been accepted by the University of Technology……………………

17. Outline in not more than 200 words why you wish to pursue this course and the benefits to be
gained from the course.

18. Indicate extra-curricular interests/activities

19. Please give the names of two referees preferably persons under whom you have studied or
worked.

1. Name ______________________________________________________________
   Position ________________________________    Institution _____________________
   Address _________________________________________________Tel _________________

2. Name ______________________________________________________________
   Position ___________________________________    Institution _________________
   Address _______________________________________________Tel _________________
Detach accompanying referee forms and send them to the persons you have listed above.

20. Any other information which you consider relevant to this application.

____________________________________________________________________________

____________________________________________________________________________

Signature _________________________________

Date _________________________________

Kindly submit to: - Ministry of Education, Youth & Information
                    The Tertiary Unit (Building 3)
                    2 National Heroes’ Circle
                    P.O. Box 498
                    Kingston 4
                    Tel: 922-1400-9
STATE THE SCHOLARSHIP BEING APPLIED FOR
___________________________________________ Scholarship

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>
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<tr>
<td>Top 2%</td>
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   Academic Capability
   Intellectual Potential
   Creativity & Originality

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.