



## JAMVAT APPLICATION FORM COVER

### ACADEMIC YEAR 2016-2017

Guidelines for completing the application form:

- Complete using black or blue ink.
- Complete forms in **BLOCK CAPITAL**, legibly and accurately.
- Please ensure that you read and sign the content of your application form before submitting for processing.
- You **MUST** attach a certified copy of your TRN number to the back of the application form.

**Remember:**

- Forms not properly completed will **NOT** be processed.
- Please note that any untrue statement given will disqualify an applicant from accessing the programme.

Please provide the following data to help us verify that you have supplied all the information and documents needed to process your application form.

1. Name: \_\_\_\_\_

2. Name of tertiary institution: \_\_\_\_\_

3. Contact # :( **Mobile**) \_\_\_\_\_ (**Work**) \_\_\_\_\_ (**Home**) \_\_\_\_\_

4. Email: \_\_\_\_\_

5. TRN #: \_\_\_\_\_

FOR OFFICE USE

COMPLETE APPLICATION FORM

PICTURE AFFIXED IN APPROPRIATE AREA  (*Picture must not be older than 6 months*)

ATTACHED ACCEPTANCE LETTER  (*New tertiary students only*)

ATTACHED TRANSCRIPT  (*Returning tertiary students only*)

STATUS LETTER  (*Returning tertiary students only*)

# Jamaica Values and Attitudes Project For Tertiary Students (JAMVAT)

## Financial Assistance Application Form

**YOU MUST SUBMIT AN APPLICATION EVERY YEAR**

<p><b><u>Returning tertiary students:</u></b> Application deadline: May 31, 2016</p>	<p><b><u>New tertiary students:</u></b> Application Deadline: August 31, 2016</p>
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### 1 STUDENT INFORMATION

LAST NAME	MIDDLE NAME	FIRST NAME
ADDRESS	PARISH	
EMAIL ADDRESS	TELEPHONE # (HOME)	CELL (DIGICEL)
TRN	DATE OF BIRTH (dd/mm/yy)	
MARITAL STATUS (PLEASE TICK <i>v</i> ) <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		
Returning JAMVAT participant <input type="checkbox"/> New JAMVAT participant <input type="checkbox"/>		
Will you be living at home for the next academic year?		
Have you applied to Students' Loan Bureau for the upcoming academic year?		
If yes, please give the expected amount		
Are you a past participant of the National Youth Service?		
State the years you have benefited from the JAMVAT programme (eg. 2001-2002. 2003-2004)		

### 2 ACADEMIC INFORMATION

NAME OF TERTIARY INSTITUTION	ENROLLMENT STATUS (PLEASE TICK <i>v</i> ) <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART- TIME <input type="checkbox"/> EVENING <input type="checkbox"/> DISTANCE/ON-LINE
ID NUMBER	NAME OF COURSE
PROGRAMME START DATE (DD/MM/YY) /   /	PROGRAMME END DATE (DD/MM/YR) /   /
HIGHEST LEVEL OF QUALIFICATION (PLEASE TICK <i>v</i> ) <input type="checkbox"/> CXC <input type="checkbox"/> GCE O'LEVEL <input type="checkbox"/> A'LEVEL <input type="checkbox"/> DIPLOMA <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> BACHELOR'S DEGREE <input type="checkbox"/> MASTERS DEGREE <input type="checkbox"/> OTHER _____	
Number of years completed at the tertiary level?	

Carefully read the following guidelines to complete your JAMVAT application form.

**GUIDELINES**

- ALL requested information will help us to determine the applicants eligibility
- Use BLOCK CAPITALS**
- Attach photographs in the relevant areas
- Ensure that all relevant signatures and dates are affixed
- Select the appropriate response by placing a tick (*v*) in the appropriate box
- Returning students must attach a status letter, and a transcript (**no more than 6 months old**)
- New tertiary students attach an acceptance letter
- Untrue statements will automatically disqualify an applicant

**INCOMPLETE FORMS WILL NOT BE PROCESSED**

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**3 EMPLOYMENT INFORMATION**

Student       Unemployed       Self-employed       Employed

*Please provide information on your employment starting from the most current*

FROM (DD/MM/YY)	TO (DD/MM/YY)	EMPLOYMENT STATUS	COMMENTS
/ /	/ /	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME	
/ /	/ /	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME	
/ /	/ /	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME	

Will you be retaining your job in the upcoming academic year?       YES       NO

**4 FINANCIAL INFORMATION**

List **ALL** sources of income or funding which you expect to use to fund your upcoming studies. If you do not know the exact amount that you will be receiving, please give an estimate of the expected amount.

Expected support from full time employment	\$
Expected support from part- time employment	\$
Expected support from self employment	\$
Financial assistance from spouse/other family members	\$
Financial assistance from sponsors	\$
Students' Loan Bureau (SLB)	\$
NYS Benefits	\$
Bursary/Grant, please name -----	\$
<b>TOTAL EXPECTED SUPPORT</b>	\$

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**5 REFERENCE INFORMATION**

Please provide the details of **TWO** references (ONE academic, ONE character) who may be contacted on your behalf. *Appropriate persons include Justices of the Peace, Ministers of Religion, Past or current supervisors/managers, Past/current lecturers, Dean of Studies, Registrar etc.*

<b>REFERENCE #1 (Academic)</b>		<b>REFERENCE #2 (Personal/Professional)</b>	
LAST NAME	FIRST NAME	LAST NAME	FIRST NAME
ADDRESS 1		ADDRESS 1	
ADDRESS 2		ADDRESS 2	
RELATIONSHIP TO APPLICANT		RELATIONSHIP TO APPLICANT	
OCCUPATION		OCCUPATION	
NAME OF EMPLOYER/BUSINESS		NAME OF EMPLOYER/BUSINESS	
ADDRESS OF EMPLOYER/BUSINESS 1		ADDRESS OF EMPLOYER/BUSINESS 1	
ADDRESS OF EMPLOYER/BUSINESS 2		ADDRESS OF EMPLOYER/BUSINESS 2	
TELEPHONE NUMBER (S)		TELEPHONE NUMBER (S)	
EMAIL ADDRESS		EMAIL ADDRESS	

**6 PLACEMENT INFO**

Please provide the details of **TWO** (2) potential work placement sites which are conveniently located to you and would be willing to facilitate you during the required voluntary service. Approved locations must be government organisations or non-profit non-governmental. *Preference will be given to institutions in the Health, Education and Social Services sectors.*

<b>OPTION #1</b>	<b>OPTION #2</b>
NAME OF ORGANISATION	NAME OF ORGANISATION
ADDRESS 1	ADDRESS 1
ADDRESS 2	ADDRESS 2
NAME OF PLACEMENT SUPERVISOR	NAME OF PLACEMENT SUPERVISOR
CONTACT NUMBER(S)	CONTACT NUMBER(S)
SIGNATURE & STAMP OF PLACEMENT REPRESENTATIVE	SIGNATURE & STAMP OF PLACEMENT REPRESENTATIVE

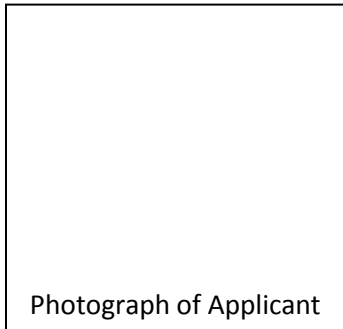
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**7. STUDENT DECLARATION**

I have read and understood this document and hereby agree that I will be disqualified from the programme, if it is found that information provided to JAMVAT under this application, or by subsequent requests, is found to be false. I also agree that and in so doing I would have forfeited all rights to payment and future opportunities for consideration under the programme.

I declare that the information on this form is to the best of my knowledge true, correct and complete.



In signing this document I agree to:

1. Participate in all mandatory activities, including the Workshops.  
(Absence from these activities will disqualify a candidate from the award)
2. Participate in any evaluation/study conducted by the Students' Loan Bureau (SLB)/JAMVAT for the purpose of assessing the performance of the Financial Assistance Programme.
3. Use the money obtained for the intended purpose only.
4. Allow the SLB/JAMVAT to verify the information provided in this application form.

Name of applicant: \_\_\_\_\_  
(BLOCK CAPITALS)

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month/Day/Year

Name of Witness: \_\_\_\_\_  
(BLOCK CAPITALS)

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month/Day/Year

Name of Parent/Guardian:  
(If applicant is under 18 years) \_\_\_\_\_  
(BLOCK CAPITALS)

Signature of Parent/  
Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month/Day/Year

**INCOMPLETE APPLICATION FORMS WILL NOT BE PROCESSED**