

GENERAL INFORMATION

7. How did you learn about JAMVAT? (Tick all that apply)

- School Radio Internet/ NYS Website Newspaper Family/Friend Social Media

Other: _____

8a. Have you ever benefitted from JAMVAT before? Yes No 8b. If yes, state year(s): _____

9. Will you be living at home for the next academic year? Yes No

10a. Have you applied to Students' Loan Bureau for the upcoming academic year? Yes No

10b. If yes, please give the expected amount. _____

ACADEMIC INFORMATION

11a. Name of Tertiary Institution:

11b. Campus location: _____

12. Enrollment Status: Full Time Part Time Distance/ Online

13. ID Number:

14. Name of Programme:

15a. Programme Start Date (dd/mm/yy): / / 15b. Programme End Date (dd/mm/yy): / /

16. Number of years completed at the tertiary level? _____

17. Highest level of qualification completed:

- CSEC CAPE GCE O'LEVEL A'LEVEL CERTIFICATE HEART TRUST/NTA CERTIFICATE

- ASSOCIATES BACHELOR'S DEGREE MASTERS DEGREE Other _____

EMPLOYMENT INFORMATION

18. Are you employed? Yes No

19. Employment Status: Full Time Part Time Summer Employment

20. Will you be employed in the upcoming academic year (2017/18)? Yes No

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 summer 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 (AHEPP, FAP)	\$
Bursary/Grant, please name: _____	\$
TOTAL EXPECTED SUPPORT	\$

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.* (Reference should not be family members)

REFERENCE #1 (Academic)

REFERENCE #2 (Personal/Professional)

LAST NAME: _____	FIRST NAME: _____	LAST NAME: _____	FIRST NAME: _____
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: _____	

PLACEMENT INFORMATION

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.

PLACEMENT OPTION #1

PLACEMENT OPTION #2

NAME OF ORGANISATION:	NAME OF ORGANISATION:
RELATIONSHIP TO APPLICANT:	RELATIONSHIP TO APPLICANT:
ADDRESS 1:	ADDRESS 1:
ADDRESS 2:	ADDRESS 2:
NAME OF PLACEMENT SUPERVISOR:	NAME OF PLACEMENT SUPERVISOR:
TELEPHONE NUMBER (S):	TELEPHONE NUMBER (S):
EMAIL ADDRESS:	EMAIL ADDRESS:

SIGNATURE & STAMP OF PLACEMENT REPRESENTATIVE

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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)

Name of witness: _____
(BLOCK CAPITALS)

Signature of applicant: _____

Signature of witness: _____

Date (dd/mm/yy): ____/____/____

Date (dd/mm/yy): ____/____/____

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

Signature of Parent/Guardian: _____

Date (dd/mm/yy): ____/____/____