



# HEART Trust/NTA

## YOUTH SERVICES DIVISION

An Agency of the Ministry of Education, Youth and Information

### Access to Higher Education Partnership Programme

#### APPLICATION FORM



Carefully read the following which are required to complete your Access to Higher Education Partnership Programme(AHEPP) application form.

#### REQUIREMENTS

- AHEPP is applicable only to persons between the ages of 17 & 24.
- One passport size photograph (no more than 6 months old)
- First year students: must attach a valid copy of acceptance letter
- Returning students: must attach a valid copy of status letter
- Transcript with proof of GPA
- Students must maintain a GPA of 3.0 to remain eligible for the grant
- Tuition Letter
- Two references (one character and one academic) (Not applicable to returning scholars)
- TRN (copy)
- Birth Certificate (copy) (Not applicable to returning scholars)
- Valid ID (copy)
- Write an Essay of 350 to 500 words: see question '35' for details

#### Instructions for completion of the application form:

- ✓ Complete using black or blue ink
- ✓ Complete forms legibly and accurately.
- ✓ Application form must be declared upon submission
- ✓ Approval is at the discretion of the Youth Services Division
- ✓ Please note that any untrue statement given will disqualify an applicant from accessing the grant
- ✓ YOU MUST RE-SUBMIT AN APPLICATION EVERY YEAR BETWEEN JULY 3RD & SEPTEMBER 1ST FOR CONTINUED ASSISTANCE

Please attach one (1) passport size photo

APPLICANT GENERAL INFORMATION			
1. Title: Mr./Mrs./Ms	2. Last Name:	3. First Name:	4. Middle Name(s):
5. DOB: dd / mm / yyyy	6. Gender: Female [ ] Male [ ]	7. Country of Birth:	8. Nationality:
8 b. How long have you been living in Jamaica?		9. NIS (include letter):	10. TRN:
11. Enrolment Status: Full Time [ ] Part-time [ ]		12. Employment Status: Full Time [ ] Part-time [ ] Unemployed [ ]	
13. ID Type: School ID [ ] Passport [ ] Drivers License [ ] National ID [ ]			13 b. ID #:
APPLICANT CONTACT INFORMATION			
14. Contact numbers(s):		14 b. E-mail address:	
15. Home Address:			15 b. Parish:
EMERGENCY CONTACT INFORMATION			
16. Title: Mr./Mrs./Ms	17. Last Name:	18. First Name:	19. Relationship:
20. Contact number(s):			
APPLICANT ACADEMIC INFORMATION			
21. Name of Institution:			22. Student ID#:
23. Course of study:			24. Annual Tuition:
25. Programme Start Date:		Programme End Date:	
SPONSORSHIP			
26. Are you a previous recipient of any of the following benefit/scholarship from the Youth Services Division? Access to Higher Education Partnership Programme Yes [ ] No [ ] Financial Assistance Yes [ ] No [ ]			
26 b. If yes, please indicate the institution(s), course(s) & year(s) the benefit was paid:			
27. Have you applied to Students' Loan Bureau Yes [ ] No [ ]		28. Have you applied to any other scholarship or bursary? Yes [ ] No [ ]	
28 b. If yes, please provide details (name, duration, amount etc.):			
29. Are you a person with a Disability? Yes [ ] No [ ]			

30 b. If yes, please check all that apply: Physical DisAbility [ ] Intellectual DisAbility [ ] Visually Impaired [ ] Hearing Impaired [ ]

Other: \_\_\_\_\_

30. State and describe your involvement in extra Curricular /Voluntary Activities and state what it means to you and how it can improve our nation:

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31. Write an Essay of 350 to 500 words (Attach essay to application form) stating:

**First time applicants:** Why should you be considered/selected for the grant?

**Previous recipient:** What impact has AHEPP had on you? What is your plan to ensure your performance remains within or above the programme standard?

32. List your present source of financial support; how you plan to maintain and account for the remaining portion, if granted this opportunity. Should there be any uncertainty regarding the exact figure, please provide an estimate:

Source(s)	\$
<b>Total Expected Support</b>	

33. How did you learn about the Access to Higher Education Partnership (AHEP) Programme? (Tick all that apply)

School [ ] Radio [ ] Internet [ ] Newspaper [ ] Family/Friend [ ] Parish Representative [ ] HEART Trust/ NTA Youth Services Division Representative [ ]  
Social Media [ ]

Other:

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

Signed:

Dated: dd / mm / yyyy

**FOR OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_ Application: Complete [ ] Incomplete [ ]

Decision: Recommended [ ] Not Recommended [ ] Approved [ ] Not Approved [ ]

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Verified by

Date

Approved by

Date