



HEART Trust/NTA

YOUTH SERVICES DIVISION

An Agency of the Ministry of Education, Youth and Information

Financial Assistance Programme

APPLICATION FORM



Carefully read the following which are required to complete your FINANCIAL ASSISTANCE application form. REQUIREMENTS

- One passport size photograph (no more than 6 months old).
- TRN (copy).
- Evidence of annual tuition cost from the institution.
- First year students: must attach a valid copy of acceptance letter.
- Returning students: must attach a valid status letter.
- Students must maintain a GPA of 3.0 to remain eligible for the grant.
- Transcript with proof of GPA.
- Tuition Letter.
- Completion of twenty(20) hours of voluntary service for academic year.
- Certified copy of the NYS certificate/NYS ID & a statement of completion of service from the respective NYS office at which you were trained.
- Institutions must be registered by the University Council of Jamaica.

Completion Instructions:

- ✓ Complete using black or blue ink.
- ✓ Complete forms legibly and accurately.
- ✓ Please ensure that you read and sign the application form before submitting for processing.
- ✓ Incomplete and late applications will **NOT** be processed.
- ✓ 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 1ST – AUGUST 31ST FOR CONTINUED ASSISTANCE

PERSONAL DATA

LAST NAME: MIDDLE (I): FIRST NAME:

ADDRESS: PARISH:

EMAIL ADDRESS: TELEPHONE #(s):

TRN: NIS: DOB: dd / mm / yyyy AGE:

NYS SERVICE HISTORY

CORPS: (e.g. EARLY CHILDHOOD EDUCATION): BATCH#: (e.g. 14):

PERIOD OF SERVICE (e.g. JULY 1, 2010 – JANUARY 5, 2011):

Placement site that the service was done:

Placement site address: Parish:

FINANCIAL ASSISTANCE HISTORY

Have you previously benefitted from any of the following?

Financial Assistance benefit: Yes No Access to Higher Education Programme: Yes No

If yes, please indicate the institution(s), course(s) and year(s) the benefit was paid:

1 Institution..... CourseYear.....

2 Institution..... Course.....Year.....

3 Institution..... Course.....Year.....

INSTITUTION DATA

NAME OF TERTIARY INSTITUTION:

SCHOOL I.D. #:Year of study: 1st 2nd 3rd 4th

COURSE TITLE: Certificate Diploma ASc. Degree BSc. Degree Other.....

DECLARATION

I hereby declare that the information given above is true and accurate.

Signature of applicant

Date

FOR OFFICIAL USE ONLY

Call made: Awaiting response Response received Letter sent Recommended Not Recommended

Verified By _____ Date _____ Approved By _____ Date _____