



**NATIONAL YOUTH SERVICE**  
**Financial Assistance 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 to 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 National Youth Service.
- ✓ 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**

**ATTACH  
PHOTOGRAPH  
HERE**

**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..... Course ..... Year.....

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