

Section E: Household Details (To be completed by all applicants)

43. Number of persons in household:

44. Number of employed persons in household:

45. Number of persons in household presently enrolled in secondary/tertiary institutions:

You must answer questions 46 – 51. Please select one item by placing a tick (✓) in the appropriate box.

46. The type of dwelling my household lives: (See Information Sheet for explanation of terms)

Separate house/detached

Semi-detached

Apartment

Other

Town house

47. The main material of the outer walls of my house is:

Block and steel

Wood

Other

48. The type of toilet facilities used by my household is:

Flushed toilet linked to NWC sewer

Pit latrine

Other

49. Does your household own, lease or rent the house in which they live?

Own

Privately rented

Other

Lease

Government rented

50. My household's main source of drinking water is:

Indoor tap water

Outdoor Tap

Other

51. A member(s) of my household owns the following items:

Air conditioner

Computer

T.V.

Electric stove

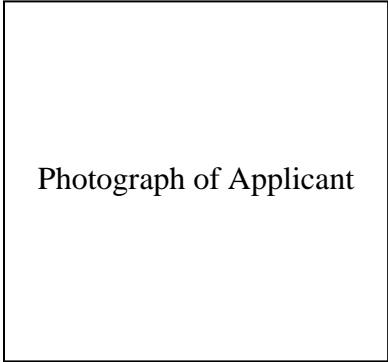
Telephone

Car

Washing Machine

Section F: List household members (Excluding applicant, unless applicant is head of household)

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, using the means available at its disposal.

Use block capitals where appropriate

Name of applicant: _____

Signature of applicant: _____ **Date:** ____/____/____
Month/Day/Year

Name of Witness: _____

Signature of Witness: _____ **Date:** ____/____/____
Month/Day/Year

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

Signature of Parent/Guardian: _____ **Date:** ____/____/____
Month/Day/Year

INCOMPLETE APPLICATION FORMS WILL NOT BE PROCESSED

JAMVAT PLACEMENT INFORMATION FORM (Use block capitals only)

1. Last Name:	2. First Name: Middle Name:
3. Date of Birth: (Month/Day/Year)	4a. Student ID number: 4b. TRN (Required):
5. Student's Residential Address:	6. Are you a Jamaican citizen?
7. Telephone Number: E-mail address: Fax number:	8. Extra curricular activities:
9. Name of Course:	10. Program/Faculty:
11. Which institution will you attend for the next academic year?	12. Year/level (Example: 1st, 2nd, etc.)
13. Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Evening <input type="checkbox"/>	14. Start Date: End Date:
15. Estimated tuition cost for next academic year:	16. Will you be able to finance the remaining 70% of your tuition without additional financial aid?
17. Have you applied or intend to apply to the SLB?	18. If (mistakenly) selected for both SLB and JAMVAT, which would be your first preference?
19. How many times have you previously <u>applied</u> for JAMVAT? (List years)	20. How many times have you been previously <u>approved</u> for JAMVAT? (List years)
21. How many times did you successfully complete the program? (List years)	22. Are you the recipient of scholarship/financial aid (Other than Students' Loan Bureau)? If yes, write name of scholarship.
23. Do you have any disability or known illness that will prevent you from fulfilling the requirements of the JAMVAT project?	24. Mother's occupation: 25. Father's occupation: 25B. Guardian's occupation:

Write the placement option where you would like to work/volunteer from July 01 – December 31 in order to complete 200 hours of voluntary service. (For placement site criteria: visit the website www.nysjamaica.org). **Submitting this form does not automatically guarantee approval for JAMVAT financial assistance, nor does it guarantee that (having been approved) you will perform voluntary hours at the placement site selected below.**

PLACEMENT OPTION (Placement site must be a government ministry or non profit organization)

Workplace	Workplace Address	Supervisor's Name	Supervisor's Contact #

Name of Placement Representative

Student's Signature

Signature of Placement Representative

Date: ____/____/____
Month/Day/Year

JAMVAT Information/Code Sheet

Section E, Question 46

Separate house/detached – is a single family house with no other house attached.

Semi-detached – is part of a house, with two self-contained homes that are attached.

Section E, Question 49

Government rented – is where Government owns or pays the rent or lease for the house.

OCCUPATIONAL STATUS

CODE

Employed	01
Unemployed	02
Self-employed	03
Retired	04
Student	05
Housewife	06
Employed-Student	07
Part-time employee	08