

ANY REPLY OR SUBSEQUENT REFERENCE SHOULD BE ADDRESSED TO THE FINANCIAL SECRETARY AND THE FOLLOWING REFERENCE NUMBER QUOTED:-

Telephone No. 92-28600-16 Website: http://www.mof.gov.jm Email: info@mof.gov.jm MINISTRY OF FINANCE AND PLANNING 30 NATIONAL HEROES CIRCLE P.O. BOX 512 KINGSTON JAMAICA

Circular No. 1

Ref. No. 55/99

January 7, 2014

Permanent Secretaries
Heads of Departments/Agencies
Chief Executive Officers

Tertiary Grant for Children of Public Sector Workers

Consequent on the signing of the Heads of Agreement between the Government of Jamaica, the Jamaica Confederation of Trade Unions (JCTU) and other Staff Associations representing Public Sector Workers for the 2012-2015 contract period; Permanent Secretaries and Heads of Departments are advised that Item No. 4.7, Tertiary Grant for Public Sector Workers can now be accessed through the Ministry of Finance and Planning.

This Grant is being provided to assist with the payment of tuition fees for children of public sector workers who have not benefitted from similar assistance within the public service. It covers eighty percent (80%) of tuition up to a maximum of one hundred and fifty thousand dollars (\$150,000) and is accessible once per academic year.

The following guidelines should be noted:

- 1. The grant is applicable to children of:
 - a. Permanent or temporary employees with at least two (2) years service
 - b. Contract workers with at least two (2) years service under any type of contract, i.e. lyear recurring, 2years or other.
- 2. Children should:
 - i. Be pursuing tertiary studies or have been accepted to pursue studies at a tertiary institution accredited by the University Council of Jamaica (local or overseas).
 - ii. Not be older than 25 years
 - iii. Be unemployed
 - iv. Have a GPA of 3.0 (for continuing students)
- 3. Mandatory submission of the following documents:
 - a. Employment Letter (parent)
 - b. Copy of appointment letter (parent)
 - c. Acceptance letter or Transcript/Progress Report
 - d. Copy of child's Birth Certificate reflecting the name of the parent making the application and certified by HR Department
 - e. Invoice/statement of account from Tertiary Institution

All applications should be submitted through the Human Resource Department of the respective Ministry/Department/Agency by Friday, January 31, 2014 in the first instance and thereafter by July 31st of each year to the *Industrial Relations Unit*, Strategic Human Resource Management Division, Ministry of Finance and Planning, 30 National Heroes Circle, Kingston 4, on the attached form also accessible at www.mof.gov.jm.

Please ensure that this Circular is brought to the attention of all Public Sector entities and the relevant personnel under your purview.

In case of doubt or difficulty, please contact the Industrial Relations Unit of this Ministry.

Wayne Jones, OD, JP For Financial Secretary



Ministry of Finance and Planning

30 National Heroes Circle, Kingston 4, Jamaica
Phone: 876-922-8600-16 Fax: 932-5982 Website: www.mof.gov.jm

EDUCATION GRANT TO CHILDREN OF PUBLIC SECTOR WORKERS APPLICATION FORM

Please complete Sections A to E in **BLOCK CAPITALS** using black or blue ink. Forms not properly completed will not be processed.

NB: Please note that the Grant is in respect of tuition and that all payments will be made directly to the institution on receipt and verification of the supporting documents as per Circular No. 1. Reference No. 55/99 dated January 7, 2014.

				Α.	APPLICAN	[INFORMATION	(PARENT)					
NAME												
ADDRESS		SURNAME				FIRST NAME			MIDDLE	INITIAL		
CONTACT INFORI	MATION			(w)		(6)						
- INFORMATION			TELEPHONE			(C)		EMAIL ADDRESS				
EMPLOYER				722277011				Liviale	ADDITION			
POST TITLE & GRADE								DATE OF EMPLOYMENT / FIRST APPOINTMENT: DD MM YY				
	111	14411	11	В.	BENEFICIA	RY INFORMATION	N (CHILD)	建铁矿矿石	211	111		
APPLICATION FOR	SCHOLAR	SHIP IN THE FIEL	D OF:									
Institution								DATE OF ENTRY	DD	ММ	YY	
NAME	SURNAME											
Address		SURNAME				FIRST NAME			MIDDLE	INITIAL		
DATE OF BIRTH	DD	MM	YY									
CONTACT INFORMATION			(H)			(C)		EMAIL ADDRESS				
	C.	FINANCIAL IN	FORMAT					D. DECLAR				
FULL TUITION COST						I declare that the information on this form is to the be knowledge true correct and complete and agree that					I will be	
Any Other Public Sector Grant						disqualified from the grant if it is found that the information provided under this application or by subsequent requests is false. I also agree that I would have forfeited all rights to payment and future opportunities for consideration under the programme.						
E. SIGNATURE (A	.)				T opportunities	DATI		program				
FOR HUMAN RESOURCE DEPARTMENT							For	DD	MN		YY	
APPLICANT'S DATE OF EMPLOYMENT / FIRST APPOINTMENT						DATE RECEIVED	FOF	TERTIARY GRANT (
TYPE OF EMPLOYMENT			DD	MM	YY	VERIFIED			DD	MM	YY	
DOCUMENTS VERIFIED			DD	MM	YY	GRANT	TERTIARY GRANT COMMITTEE REP		DD	MM	YY	
			YES	No		APPROVED	CHAIRPERSON, TERTIARY GRANT COMMITTEE		DD	ММ	YY	
SIGNATURE:						REASON NOT	APPROVED					
		DIRECTOR, HR				AMOUNT AW	ARDED	\$		£ £ #*	**	