



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 THE PUBLIC SERVICE
30 NATIONAL HEROES CIRCLE
P.O. BOX 512
KINGSTON
JAMAICA

Circular No. 8

Ref. No. 31061^{II}

March 22, 2016

***Permanent Secretaries
Heads of Departments
Chief Executive Officers***

Tertiary Grant for Children of Public Sector Workers

Reference is made to the Heads of Agreement signed on August 11, 2015 between the Government of Jamaica and the Jamaica Confederation of Trade Unions (JCTU) representing certain Public Sector Workers for the 2015-2017 contract period. Item No. 31 indicates the continuation of the tertiary grant for children of Public Sector Workers to assist with the payment of tuition fees.

The following guidelines should be noted:

1. The grant:
 - a. *Covers eighty percent (80%) of tuition up to a maximum of one hundred and fifty thousand dollars (\$150,000)*
 - b. *May be awarded to an applicant once every three (3) years.*
2. The grant is applicable to Public Sector Workers who are represented by member Unions and Staff Associations of the JCTU and are:
 - a. *Permanently appointed or temporary with at least two (2) years service.*
 - b. *Contract workers with at least two (2) years continuous service under any type of contract, i.e. 1yr recurring, 2yrs or other.*
 - c. *Not employed to an entity or is a member of a bargaining unit that has similar educational assistance.*
 - d. *Not recipients of any other Government of Jamaica educational assistance.*
3. The grant is applicable to children of public sector workers who:
 - a. *Have been accepted to pursue **or** are pursuing **local, full-time accredited programmes** (Associate/Bachelors) at a tertiary institution registered by the University Council of Jamaica.*
 - b. *Have a **minimum cumulative GPA of 3.0** (for continuing students)*
 - c. *Are not older than 25 years*
 - d. *Are **unemployed**.*

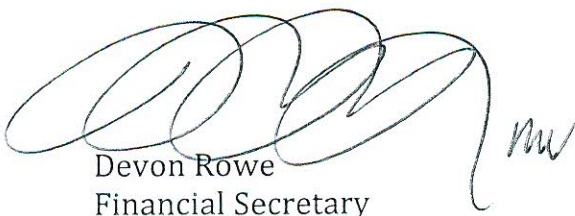
March 22, 2016

Re: Tertiary Grant for Children of Public Sector Workers

4. The submission of the following documents is mandatory:
 - a. *Applicant's Employment Letter*
 - b. *Acceptance letter for new students*
 - c. *Progress Report/Transcript for continuing students*
 - d. *Copy of the child's Birth Certificate, certified by HR Department, reflecting the name of the parent making the application*
 - e. *Tuition cost for the Programme of Study.*
5. All applications:
 - a. *Must be submitted using the attached form (updated March 2016) which is also accessible at www.mof.gov.jm*
 - b. ***Must*** be certified by the Human Resource Department (HRD) or the Head of the Department (in instances where there is no HRD). Incomplete and late applications will not be processed and will be returned
 - c. *Must be submitted **through** the Human Resource Department of the respective Ministry/Department/Agency. Applications must reach the Industrial Relations Unit, Strategic Human Resource Management Division, Ministry of Finance and the Public Service, 30 National Heroes Circle, Kingston 4, **no later than July 15th of each year.***
6. *Applications can be accepted at the Ministry of Finance and the Public Service from Union and Staff Association Representatives once requirements 5(a) and (b) have been met.*
7. *Applicants should note that the **award of the Grant is subject to the availability of funds; consequently not all eligible applicants will be awarded.***
8. *Payment will be made directly to the institution on the award of the Grant.*

The Industrial Relations Unit of this Ministry may be contacted for further information.

This circular supersedes Circular No. 13, Ref. No. 55/99 dated June 2, 2014.



Devon Rowe
Financial Secretary



MINISTRY OF FINANCE AND THE PUBLIC SERVICE

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

TERTIARY 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: The Grant is in respect of tuition and all payments will be made directly to the institution upon receipt and verification of the supporting documents as per Circular No.8, Ref. No. 31061^{II} dated March 22, 2016

| A. APPLICANT INFORMATION (PARENT) | | | | | | | | | | | | | |
|---|-----------|--|----|------------------|---------------------------------|--|--|--------------------------|----------------------|----|--|----|--|
| NAME | | | | | | | | | | | | | |
| | SURNAME | | | FIRST NAME | | | MIDDLE INITIAL | | | | | | |
| ADDRESS | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| CONTACT INFORMATION | (w) | | | (c) | | | | | | | | | |
| | TELEPHONE | | | EMAIL ADDRESS | | | | | | | | | |
| EMPLOYER | | | | | | | | | | | | | |
| POST TITLE & GRADE | | | | | | | DATE OF EMPLOYMENT | | | | | | |
| | | | | | | | DD | MM | YY | | | | |
| B. BENEFICIARY INFORMATION (CHILD) | | | | | | | | | | | | | |
| APPLICATION FOR GRANT IN THE FIELD OF: | | | | | | | DATE OF ENTRY | | | | | | |
| | | | | | | | DD | MM | YY | | | | |
| INSTITUTION | | | | | | | | | | | | | |
| TUITION COST | | | | SCHOOL ID NUMBER | | | | | | | | | |
| NAME | | | | | | | | | | | | | |
| | SURNAME | | | FIRST NAME | | | MIDDLE INITIAL | | | | | | |
| ADDRESS | | | | | | | | | | | | | |
| | | | | | | | DATE OF BIRTH | | | | | | |
| | | | | | | | DD | MM | YY | | | | |
| CONTACT INFORMATION | (H) | | | (C) | | | | | | | | | |
| | TELEPHONE | | | EMAIL ADDRESS | | | | | | | | | |
| C. DECLARATION | | | | | | | | | | | | | |
| I declare that the information on this form is to the best of my knowledge true correct and complete and agree that I will be disqualified from obtaining the grant if it is found that the information provided on 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. | | | | | | | | | | | | | |
| SIGNATURE (PARENT) | | | | | | | DATE | | | | | | |
| | | | | | | | DD | MM | YY | | | | |
| D. FOR HUMAN RESOURCE DEPARTMENT | | | | | E. FOR TERTIARY GRANT COMMITTEE | | | | | | | | |
| APPLICANT'S DATE OF EMPLOYMENT | DD | | MM | | YY | | DATE RECEIVED | DD | | MM | | YY | |
| | | | | | | | | | | | | | |
| TYPE OF EMPLOYMENT | | | | | | | VERIFIED BY TERTIARY GRANT COMMITTEE REP | | | | | | |
| | | | | | | | | DD | | MM | | YY | |
| DOCUMENTS VERIFIED BY: <small>DIRECTOR, HR / HEAD OF DEPARTMENT</small> | NAME | | | | | | GRANT APPROVED | <input type="checkbox"/> | AMOUNT AWARDED \$ | | | | |
| | | | | | | | | | | | | | |
| | SIGNATURE | | | | | | GRANT NOT APPROVED | <input type="checkbox"/> | REASON NOT APPROVED: | | | | |
| | | | | | | | | | | | | | |
| DATE VERIFIED | DD | | MM | | YY | | SIGNED BY: CHAIRPERSON, TERTIARY GRANT COMMITTEE | | | | | | |
| | | | | | | | | DD | | MM | | YY | |

Updated March 2016