

GOVERNMENT OF JAMAICA
TERTIARY EDUCATION LOAN APPLICATION FORM
(TO BE SUBMITTED THROUGH MIN/DEPT WITH A RECOMMENDATION)

Name _____ TRN: _____

Home Address _____

Email Address _____ Tel # _____

Ministry/Department/Agency _____

Office Location (Address) _____
 _____ Office Tel # _____

Job Title/Post _____ Grade _____

Date of Employment _____ Date of First Permanent Appointment _____

Present Salary _____ per annum
 (*Basic*)

Are you re-paying any of the following?

			<u>Monthly Re-payment</u>	<u>Outstanding Balance</u>
Motor Vehicle Loan	No___	Yes___	\$ _____	\$ _____
Motor Vehicle Insurance Loan	No___	Yes___	\$ _____	\$ _____
Miscellaneous Loan	No___	Yes___	\$ _____	\$ _____
Salary Advance	No___	Yes___	\$ _____	\$ _____
Computer Loan	No___	Yes___	\$ _____	\$ _____
Education Support	No___	Yes___	\$ _____	\$ _____
Any Other	No___	Yes___	Type _____	

Amount of Loan Required _____

Name of Institution Attending _____ Student ID# _____

Course Pursuing _____

Length of Course _____

Cost of Course _____

Signature of Applicant _____ Date _____

RECOMMENDATION (HEAD OF DEPARTMENT)

Name _____ Post _____

Signature _____ Date _____

OFFICIAL USE ONLY

