



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.2, Ref. No. 31061¹ dated April 1, 2019

A. APPLICANT INFORMATION (PARENT)											
NAME											
	SURNAME			FIRST NAME			MIDDLE INITIAL				
ADDRESS											
							TAXPAYER REGISTRATION NUMBER (TRN)				
	CONTACT INFORMATION			(w)		(c)		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						TAXPAYER REGISTRATION NUMBER (TRN)					
TUITION COST			SCHOOL ID NUMBER								
NAME											
	SURNAME			FIRST NAME			MIDDLE INITIAL				
ADDRESS											
							DATE OF BIRTH		DD	MM	YY
	CONTACT INFORMATION			(H)		(C)		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:		NAME			GRANT APPROVED		AMOUNT AWARDED \$				
DIRECTOR, HR / HEAD OF DEPARTMENT		SIGNATURE			GRANT NOT APPROVED		REASON NOT APPROVED:				
DATE VERIFIED		DD	MM	YY	SIGNED BY: CHAIRPERSON, TERTIARY GRANT COMMITTEE		DD	MM	YY		