



# 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](http://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 10, Ref. No. 31061<sup>II</sup> dated July 1, 2020

A. APPLICANT INFORMATION (PARENT)												
<b>NAME</b>												
	<small>SURNAME</small>	<small>FIRST NAME</small>			<small>MIDDLE INITIAL</small>							
<b>ADDRESS</b>												
							<b>TAXPAYER REGISTRATION NUMBER (TRN)</b>					
	<small>(w)</small>			<small>(c)</small>								
<b>CONTACT INFORMATION</b>		<small>TELEPHONE</small>			<small>EMAIL ADDRESS</small>							
<b>EMPLOYER</b>												
<b>POST TITLE &amp; GRADE</b>					<b>DATE OF EMPLOYMENT</b>		<small>DD</small>	<small>MM</small>	<small>YY</small>			
B. BENEFICIARY INFORMATION (CHILD)												
<b>APPLICATION FOR GRANT IN THE FIELD OF:</b>					<b>DATE OF ENTRY</b>		<small>DD</small>	<small>MM</small>	<small>YY</small>			
<b>INSTITUTION</b>				<b>TAXPAYER REGISTRATION NUMBER (TRN)</b>								
<b>TUITION COST</b>			<b>SCHOOL ID NUMBER</b>									
<b>NAME</b>												
	<small>SURNAME</small>	<small>FIRST NAME</small>			<small>MIDDLE INITIAL</small>							
<b>ADDRESS</b>												
							<b>DATE OF BIRTH</b>		<small>DD</small>	<small>MM</small>	<small>YY</small>	
	<small>(H)</small>			<small>(C)</small>								
<b>CONTACT INFORMATION</b>		<small>TELEPHONE</small>			<small>EMAIL ADDRESS</small>							
C. DECLARATION												
I declare that the information on this form is to the best of my knowledge true, correct and complete. I acknowledge that any false information provided or any relevant information deliberately withheld, may result in the immediate disqualification under the programme												
<b>SIGNATURE (PARENT)</b>						<b>DATE</b>		<input type="checkbox"/>	<small>DD</small>	<small>MM</small>	<small>YY</small>	
D. FOR HUMAN RESOURCE DEPARTMENT					E. FOR TERTIARY GRANT COMMITTEE							
<b>APPLICANT'S DATE OF EMPLOYMENT</b>		<small>DD</small>	<small>MM</small>		<small>YY</small>		<b>DATE RECEIVED</b>		<small>DD</small>	<small>MM</small>		<small>YY</small>
<b>TYPE OF EMPLOYMENT</b>					<b>VERIFIED BY</b> <small>TERTIARY GRANT COMMITTEE REP</small>			<small>DD</small>	<small>MM</small>	<small>YY</small>		
<b>DOCUMENTS VERIFIED BY:</b> <small>DIRECTOR, HR / HEAD OF DEPARTMENT</small>		<small>NAME</small>			<b>GRANT APPROVED</b>		<input type="checkbox"/>	<b>AMOUNT AWARDED \$</b>				
		<small>SIGNATURE</small>			<b>GRANT NOT APPROVED</b>		<input type="checkbox"/>	<b>REASON NOT APPROVED:</b>				
<b>DATE VERIFIED</b>		<small>DD</small>	<small>MM</small>		<small>YY</small>		<b>SIGNED BY:</b> <small>IRPERSON, TERTIARY GRANT COMMITTEE</small>			<small>DD</small>	<small>MM</small>	<small>YY</small>