

## Government of the Republic of Trinidad and Tobago

# MINISTRY OF EDUCATION



ALL QUESTIONS MUST BE COMPLETED **Application Form** ALL REQUESTED DOCUMENTS MUST BE ATTACHED **SECTION 1—Applicant's Personal Data** 1.1 Name: Surname First Middle Title Date of Birth (dd/mm/yy): \_\_\_\_\_/ \_\_\_\_/ 1.3 Gender: ☐ Female ☐ Male 1.2 \_\_\_\_\_ Attach copy of Birth Certificate. Country of Birth: 1 4 Trinidad and Tobago Passport Number: 1.5 Trinidad and Tobago National ID Number: Attach copy of Passport or National ID Card. Address: 1.6 Town: City: Country: Attach Utility Bill for verification of address. Mailing Address (if different from home address in 1.6 above):\_\_\_\_\_ 1.6a Telephone Contacts: Home: \_\_\_\_\_ Cell: \_\_\_\_ Work: 1.7 Email address: 1.8 1.9 Marital Status: Single Married Common Law Separated Divorced Widowed 1.10 ☐ Yes  $\square$  No Dependant: 1.11 1.12 Applicant (and spouse, where applicable) reside together separate residence with parents with relatives If spouse is also a student, year of expected graduation 1.13 SECTION 2—Institution and Programme Data Local Regional (Mona, Cave Hill, Bahamas etc) Uther approved with special arrangements 2.1 Institution: 2.2 Institution Name: 2.3 Institution Address: \_\_\_\_\_City:\_\_\_\_\_Country:\_\_\_\_ Institution Telephone No. 2.4 2.5 Student Registration No. If Caricom Institution or Distance Learning programme, please provide Registrar's/Foreign Student Advisor's name: 2.6 2.7 Programme Name: Programme Level: 2.8 ☐ Certificate ☐ Diploma ☐ Advanced Diploma Associate Degree  $\square$  BEd Bachelor's Degree:  $\square$  BA BSc BTech BEng  $\square$  DDS  $\square$  DVM  $\square$  MBBS Other ☐ Professional Qualification Postgraduate Diploma ☐ Master's Degree ☐ Doctoral Degree 2.9 Are you registering/registered as a Full Time or Part Time student? ☐ Full Time Part Time Duration of Programme (calendar years): 2.10  $\square$  3 years 4 years  $\Box$  1 year or less  $\Box$  2 years  $\Box$  5 years 6 years 2.11 Programme Year for which you are seeking assistance: ☐ Year II ☐ Year III Year IV Year V Year VI 2.12 Academic year of the programme for which you are seeking assistance: to \_\_\_ Address for residence during course of study (if different to address in 1.6 above): 2.13 City: \_\_\_Country: \_\_\_\_ Town: ☐ New Student ☐ Continuing Student 2.14 Continuing students: Attach Result Slip(s) for previous year and copy of completed Continuing Registration Form.

New Students: Attach copy of Acceptance Letter and copy of completed Registration Form (stamped by TLI).

## **SECTION 3—Tertiary Expenses**

3.1 Fill in Table 3.1 below.

### **Total Cost:**

All expenses related to the programme must be listed below in the Total Cost column to enable an assessment of the overall cost of studying for the period indicated in question 2.12.

## **Amount Already Covered:**

Indicate the amount for which you have already determined/sourced coverage in the Amount Already Covered column.

## **Source of Coverage:**

Indicate using the appropriate letter from the following list in the Source of Coverage column in table 3.1 below:-

- A Bank Loan
- B USGLF or SRLF
- C Parents/Guardian
- D Personal Funds from savings or salary
- E Awards, Scholarships, Grants
- F Other (please state)
- G GATE Table 3.1

Item	Total Cost TT\$	Amount Already Covered TT\$	Source Of Coverage A-G	Help Assistance Sought TT\$	For Official Use Amount Approved TT\$
Annual Tuition					
Books					
Accommodation					
Airfare					
Other Materials			İ		
Administrative Expenses					
Living Expenses					
Other					
Totals					

Each entry must be accompanied with supporting documentation that is to be firmly attached to this application.

Where foreign currencies apply, indicate the foreign currency amount and the exchange rate used to determine the TT\$ amount entered in the table in the space under the item.

## **SECTION 4—Household Expenses**

4 1	AT 1 C	. 1 1 11	
4.1	Number of perso	ns in household:	

4.1.1 Household Income Contributors (residing in the same location as applied)
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Table 4.1.1

Name	Age	Occupation	Relationship to Applicant

## 4.1.2 Other Household Members

List in Table 4.1.2 below any members of the applicant's household who are not employed, such as minors or disabled household members.

Table 4.1.2

			1able 4.1.2
Name	Age	Status	Relationship to Applicant
	İ		

## 4.1.3 Household Members excluding applicant pursuing tertiary education

List in Table 4.1.3 below any relevant member from Table 4.1.1 and/or 4.1.2.

Table 4.1.3

Name	Institution	Receiving Scholarship/ Bursary/Grant? Y/N

## Household Income

This includes salary, scholarship or award funds, benefit payments e.g. disability, welfare etc., child support, alimony, rental income, other investment income etc. List these in Table 4.2 below. Table 12

<b>N</b> I 10	TD 6 Y		A LNI ( CDAYE	Table 4.2
Name/Source	Type of Income	Annual Gross	Annual Net of PAYE, NIS and HSc	For Official Use
Total:				

Each entry must be accompanied by supporting documentation in the form of a pay slip, TD4, cheque stub, receipt, bank statement etc.

#### 4.3 Household Expenditure

This includes utility payments, loans, living expenses, pension plan deductions, health plan deductions, school fees, land & building taxes, medical supplies etc. List these in Table 4.3 below. Table 4.3

Item	Average Monthly Cost	Annual Cost	For Official Use
	The state of the s		2 2 2 2 3 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Total:			

#### 4.4 Household Assets

These include property, motor vehicles, furniture, saving accounts, stocks, life insurance policies etc. List these in Table 4.4 below.

Table 1 1

List mese in tuole 4.4 delow.				
Item	Approximate Current Value	For Official Use		
Total:				

#### 4.5 Household Liabilities

These include mortgage loans, other loans etc. List these in Table 4.5 below

	These include morigage tours, our	ier iouns eic. List i	inese in Tubic 4.5	ociow.		Table 4.5
Item		Approximate	Balance Owing	g 5	For Official Use	
Tota	l:					
4.6	Do you/did you have any contract	ual obligations wit	th respect to Scho	olarships/Bursaries/	Loans?	
4.7	TC 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
4.7	If yes, describe the contractual ob	ligations?				
4.8	What arrangements have you mad	e/will you make to	o fulfil existing co	ontractual obligation	ns?	
4.9	References:					
	Name two responsible persons by	whom confidentia	l references abou	t you can be obtain	ed.	
	4.9 (i) Name:					
	Occupation:					
	Address:					
	Telephone Contacts: F	lome:	Cell:	Work: _		
	4.9 (ii) Name:					
	Occupation:					
	Address:		Calle	Worls		
4.10	Telephone Contacts: F Are you willing to personally gua	rantee renavment o	Cell:	WOIK: _	ith the renayment pro	wision of
4.10		Tantee repayment o	or the approved it	dan in accordance w	in the repayment pro	VISION OI
4.11	Reference (a parent, legal guardia					
	Name:	- ·		Age:		
	Address:					
	Town:	Cit	ty:	Country	/:	
	Telephone Contacts: I	Iome:	Cell:	Work:		
	Occupation:					
	Relationship to Applicant	:			_	
		SECTION	ON 5—Decla	ration		
•	I declare that the information prov	rided on this applic	eation is true and	correct		
•	I am aware that this application w				l for a detailed audit b	v the Funding and
	Grants Administration Unit of the	•	-	•		y viid i uiiuiiig uiiu
•	If selected for a detailed audit, I a	•		•		udit
•	I am aware that on application my				-	
	exchanged with others, including	credit bureaus, mo	ortgage insurers,	registries, other app	proved companies and	other persons
	with whom I have financial dealir	gs as well as any o	other person, as m	nay be permitted or	required by law. I aut	horize any person
	contacted in this regard to provide					
•	I am aware that a false declaration	can be subject to	a fine or summar	y conviction.		
	Student's Signature:			Date (dd/mm/y	ry):/	
	(If the student is under 18 years th	-				_
	18. In signing below the Parent, Constitutes a guarantee of the Stud		responsible perso	n approves all the S	Student's obligations s	tated herein and
	Doront Co. 1' C	ionatura		D / /	1d/mm/	1
	☐ Parent ☐ Guardian S	ignature:		Date (	dd/mm/yy):/	/