

MINISTRY OF SCIENCE, TECHNOLOGY AND TERTIARY EDUCATION

JESTIONS MUST BE COMPLETED	Application For	ALL REQUESTEI	D DOCUMENTS MUST BE ATTA
SEC	CTION 1—Applican	t's Personal Data	
Name:			
Surname	First	Middle	Title
Date of Birth (dd/mm/yy):	/ /	1.3 Gende	er: 🗆 Female 🗆 Male
Country of Birth:	Attach cop	oy of Birth Certificate.	
Trinidad and Tobago Passport Numb	er:		
Trinidad and Tobago National ID Nu	imber:	Attach copy of Pa	ssport or National ID Card.
Address:			
Town:		Country:	
Attach Utility Bill for verification of			
Mailing Address (if different from h	ome address in 1.6 above):_		
Telephone Contacts: Home:	Cell:	Work:	
Email address:			
Marital Status: Single	Married Common L	Law Separated	Divorced Wido
Employment Status: Full-Tim		*	
	No	· · ·	-
Applicant (and spouse, where applic	able)		
reside together	separate residence	\Box with parents \Box	with relatives
If spouse is also a student, year of ex-	spected graduation		
SECT	ION 2—Institution a	and Programme Data	
			pproved with special arrangem
Institution Name:	•	,	
Institution Address:			
Town:	City:	Country:	
Institution Telephone No.			
Student Registration No.			
If Caricom Institution or Distance Lo	earning programme, please	provide Registrar's/Foreign S	Student Advisor's name:
Programme Name:			
Programme Level:			
·	Diploma Advanced I	Diploma Associat	te Degree
	$BA \square BSc$	\square BEd \square BTech	
<u> </u>	BEng DDS	DVM DBBS	Other
Professional Qualification	•		
Postgraduate Diploma			
Master's Degree			
Doctoral Degree			
Are you registering/registered as a F	ull Time or Part Time stude Part Time	nt?	
Duration of Programme (calendar y			_
÷	2 years \Box 3 years	\Box 4 years \Box 5 years	\Box 6 years
Programme Year for which you are	seeking assistance: Year II 🛛 Year III	☐ Year IV ☐ Year V	🗌 Year VI
Academic year of the programme for			L 1041 VI
	_ to		
Address for residence during course	of study (if different to add	ress in 1.6 above).	
Address for residence during course Town: New Student Continui	City:		

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

Item	Total Cost TT\$	Amount Already Covered TT\$	Source Of Coverage A–G	Help Assistance Sought TT\$	<i>For Official Use</i> Amount Approved TT\$
Annual Tuition					
Books					
Accommodation					
Airfare					
Other Materials					
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 Number of persons in household:

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

Name	Age	Occupation	<i>Table 4.1.1</i> 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.

Name	Age	Status	Relationship to Applicant

Table 2 1

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.*

List in Table	4.1.3 below any relevant member from	n Table 4.1.1 and/or 4.1.2.	Table 4.1.3
Name	Institution	Programme	Receiving Scholarship/ Bursary/Grant? Y/N

4.2 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.

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
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.

<i>List these in Table 4.4 below.</i>			Table 4.4
Item	Approximate Current Value	For Official Use	
Total:			

4.5 Household Liabilities

			below.	Table 4.5
	Approxi	imate Balance Owing		For Official Use
	<u> </u>			
•				
	ny contractual obligation	ons with respect to Scho	larships/Bursaries/	Loans?
If yes, describe the con	tractual obligations?	-		
What arrangements hav	ve you made/will you n	nake to fulfil existing co	ntractual obligation	ns?
References:				
*	· ·	idential references about	5	
4.9 (1) Name:				
Address:				
Telephone Cor	 ntacts: Home:	Cell:	Work [.]	
		Con		
Occupation:				
Address:				
		Cell:		
Are you willing to pers HELP?		ment of the approved lo	oan in accordance w	with the repayment provision of
Reference (a parent, leg		r).		
			Age:	
Town:		City:	Country	7:
Telephone Cor	itacts: Home:	Cell:	Work:	/:
Occupation: Relationship to	Applicant.			
		CTION 5—Decla		-
I declare that the inform		s application is true and		
	-	* *		for a detailed audit by the Fundin
	· ·	Science, Technology and	÷	-
	•	•••	•	gned to perform the audit
If selected for a detaile		· · ·		en to, obtained, verified, shared an
	5		-	
I am aware that on app	÷	aus, mortgage insurers, r	registries, other app	roved companies and other person
I am aware that on app exchanged with others with whom I have finan	s, including credit burea ncial dealings as well a	s any other person, as m		proved companies and other person required by law. I authorize any pe
I am aware that on app exchanged with others with whom I have finan contacted in this regard	s, including credit burea ncial dealings as well a l to provide such inform	s any other person, as m nation	ay be permitted or	
I am aware that on app exchanged with others with whom I have finan contacted in this regard	s, including credit burea ncial dealings as well a l to provide such inform	s any other person, as m	ay be permitted or	

constitutes a guarantee of the Student's obligations.

Parent

Date (dd/mm/yy): ____/___/

GUARANTEE

Guardian Signature:

The Ministry of Science, Technology and Tertiary Education is committed to treating the above information with strict confidence.

4