

# FINANCIAL ASSISTANCE APPLICATION FORM

Please complete legibly and in duplicate

**NB: IF YOU ARE THE HOLDER OF A RENEWABLE/CONTINUING AWARD, YOU ARE NOT REQUIRED TO SUBMIT ANOTHER APPLICATION**

## Personal Data:

(Mr./Mrs./Ms.) SURNAME: \_\_\_\_\_ OTHER NAMES: \_\_\_\_\_  
STUDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE NOS: (Home) \_\_\_\_\_  
\_\_\_\_\_  
(Work) \_\_\_\_\_  
MAILING ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_ CELL NO.: \_\_\_\_\_  
\_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_  
NATIONALITY: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_  
BIRTH CERTIFICATE PIN NO: \_\_\_\_\_ D.P./PASSPORT NO.: \_\_\_\_\_  
BIRTH CERTIFICATE NO: \_\_\_\_\_

(PLEASE PROVIDE COPIES OF BIRTH CERTIFICATE & DRIVER'S PERMIT/PASSPORT)

## Course of Study:

PROGRAM TITLE: \_\_\_\_\_  
INSTITUTION: \_\_\_\_\_  
FACULTY: \_\_\_\_\_  
DURATION: \_\_\_\_\_  
START DATE: \_\_\_\_\_ ESTIMATED DATE OF COMPLETION: \_\_\_\_\_  
STATE WHETHER: YEAR 1  YEAR 2  YEAR 3  YEAR 4   
COST ESTIMATE: \_\_\_\_\_ TOTAL: \_\_\_\_\_ (Kindly attach budget)  
IF COURSE IS AVAILABLE IN TRINIDAD & TOBAGO HAVE YOU APPLIED LOCALLY? YES  NO   
IF YES (RESULT OF APPLICATION): \_\_\_\_\_  
IF NO (WHY NOT) \_\_\_\_\_  
ANY OTHER FINANCE OBTAINED? YES  NO   
IF YES PLEASE PROVIDE DETAILS: \_\_\_\_\_  
\_\_\_\_\_

Details of Parent/Guardian/Sponsor

NAME: (A) \_\_\_\_\_

(B) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

OCCUPATION: (A) \_\_\_\_\_

(B) \_\_\_\_\_

NO. OF DEPENDANT RELATIVES: \_\_\_\_\_

MARITAL STATUS: Single  Married  Divorced  Separated  Widowed

DECLARATION:

I have declared that the information contained in this document is true and correct to the best of my knowledge.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE



MINISTRY OF COMMUNITY DEVELOPMENT  
CULTURE & GENDER AFFAIRS

FINANCIAL ASSISTANCE PROGRAM

STATEMENT OF AFFAIRS

APPLICANT NAME: \_\_\_\_\_

NAME/S OF PARENT/GUARDIAN: \_\_\_\_\_

\_\_\_\_\_

## FINANCIAL AFFAIRS

Parent/Guardian: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Occupation (1) \_\_\_\_\_

(2) \_\_\_\_\_

### (1) MONTHLY INCOME & EXPENDITURE STATEMENT

MONTHLY INCOME	1	2	MONTHLY EXPENDITURE	1	2
Gross Wages/Salary			Income Tax		
Allowances			National Insurance		
Other Income			Health Surcharge		
			Widows & Orphan		
			Credit Union Shares		
			Union Dues		
			Group Life & Health Contribution		
			Insurance Premiums		
			Bank Loans		
			Hire Purchase		
			Rent/Mortgage		
			Telephone		
			Electricity		
			WASA		
			Food		
			Entertainment		
			Car Expense		
			Credit Card		
			Education		
			Other Expense		
TOTAL			TOTAL		
SURPLUS/DEFICIT					

(2) ASSETS AND LIABILITIES

ASSETS	A	B	LIABILITIES	A	B
Cash with Banks:			Income Tax		
Savings			Bank Loans		
Current			Other Loans		
Fixed Deposits			Hire Purchase		
Investments:			Motor Vehicle		
Units			Real Estate		
Shares			Furniture/Appliances		
Bonds			Other Liabilities		
Motor Vehicle					
Real Estate					
Life Insurance CSV					
Hire Purchase					
Other Assets					
<b>TOTAL:</b>			<b>TOTAL:</b>		

**SURPLUS/DEFICIT**

**(3) DETAILS OF STATEMENT OF AFFAIRS**

(1) Give Details of all amounts owing i.e. from whom borrowed, principal amount borrowed, monthly payment, expected date of last payment—current balance.

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(2) Give Details of Stocks, Shares, Bonds, Units i.e. cost of market price.

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I/We declare that the above statement to be a complete and true statement of my/our financial position

Parent/Guardian Signature (1) \_\_\_\_\_

Date: \_\_\_\_\_

(2) \_\_\_\_\_

\_\_\_\_\_

**Notary Public/Commission**

**STAMP**