



# TOBAGO HOUSE OF ASSEMBLY GRANT APPLICATION FORM

(For Educational Purposes)

Tel. Nos. (868) 639-1558 & 660-7853 Fax No. 635-0961

**[Write in Block Letters Please] Please Remember To Attach all Supporting Documents**

Family Name _____ Given Name _____ Middle Name _____ Occupation _____ Email Address _____ I D Number _____	<b>Picture</b>
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Proposed Institution of Study:	Proposed Course / Degree / Qualification For Which Financial Assistance is Required:
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<b>State the amount required in TTD:\$</b>	
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Present Address:	Telephone Number:
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Date of Birth  __/__/__ YY MM DD	Country of Birth	Present Nationality	Length of Residence in Tobago:
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Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow (ed) <input type="checkbox"/>	Village of Residence:  Length of Residence in Village:  Present Local Address:
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Names of Other Persons in House Hold	Date Of Birth	Relationship	Occupation / School	Monthly Salary (If Any)	STD / FORM / YEAR

**EDUCATION - Please State The Schools, Colleges, Etc., Where You Received Your Education. Original Certificates, Academic Documents, Etc., Together With Two Copies Must Be Submitted. All Original Documents Will Be Returned Immediately.**

Institutions Attended	Date Of		Examinations Passed / Grades Received & Year	Certificates / Diplomas Obtained
	Entry	Leaving		

Professional Qualifications, Membership of Professional Societies and Military Service (Dates and Rank Applicable):
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Community Involvement:
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Other Activities:
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**EMPLOYMENT RECORD (State Last Job First). Use Separate Sheet If Required.**

Employer's Name and Address	Position Held	Gross Salary	Period	
			From	To

**DISABILITY (IF ANY)**

<b>Father's Name (Even If Deceased)</b>			<b>Mother's Maiden Name and Surname (Even If Deceased)</b>		
<b>Father's Address</b>			<b>Mother's Address (If Different From Father's)</b>		
<b>Fathers' Occupation</b>	<b>Annual Income</b>		<b>Mothers' Occupation</b>	<b>Annual Income</b>	
<b>Village of Origin</b>			<b>Village of Origin</b>		
<b>Children of Father</b>			<b>Children of Mother</b>		
<b>Name</b>	<b>Age</b>	<b>Occupation / Institution</b>	<b>Name</b>	<b>Age</b>	<b>Occupation / Institution</b>

**Purpose and Amount of Financial Assistance Required (Tick Where Applicable). Please quote figures in TTD.**

<b>ACADEMIC YEAR (e.g. 2008/2009)</b>	.....
<b>PURPOSE</b>	
<b>1. Tuition ( )</b>	\$.....
<b>2. Books ( ) &amp; Supplies ( )</b>	\$.....
<b>3. Living Expenses</b>	\$.....
(a) Accommodation ( )	\$.....
(b) Meals ( )	\$.....
(c) Transport ( )	\$.....
<b>4. Miscellaneous</b> Please Specify	
_____	\$.....
_____	\$.....
_____	\$.....

\*Personal contribution to course of study / programme \$..... %.....

\*Contribution to course of study / programme by parent / guardian / spouse \$..... %.....

\*Previous assistance from Tobago House of Assembly and Other Sources

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Year	Amount	Course of Study
*State if any relative would have received financial assistance. E.g. (Mother, father, sister, brother, uncle, aunt, etc.) .....		

**STATEMENT OF EXPENDITURE (MONTHLY)**

(Applicant to complete. Parent/Guardian must complete if applicant is under 18 or unable to provide the required information)

**EXPENDITURE**

**LOANS**

- (i) Bank \$.....
- (ii) Credit Union \$.....
- (iii) Government \$.....
- (iv) Insurance \$.....
- (v) Other \$.....

**MORTGAGE** \$.....

**RENT** \$.....

**FOOD** \$.....

**TRANSPORT** \$.....

**UTILITIES**

- (i) Telephone \$.....
- (ii) Electricity \$.....
- (iii) Water \$.....

**HOUSE TAXES** \$.....

**MISCELLANEOUS** \$.....

(Please Specify)

- \_\_\_\_\_ \$.....
- \_\_\_\_\_ \$.....
- \_\_\_\_\_ \$.....
- \_\_\_\_\_ \$.....

**TOTAL EXPENDITURE**

\_\_\_\_\_

\_\_\_\_\_

ASSETS	VALUE
Bank Accounts	
Fixed Deposits	
Other Shares / Units	
Credit Union Shares	
Life Insurance CSV	
Other	
Real Estate	
Vehicle	
Furniture / Appliances	
<b>Total</b>	

LIABILITIES	BALANCE OUTSTANDING	MONTHLY PAYMENTS
Bank Overdrafts		
Bank Loans		
Credit Card (s)		
Credit Union Loans		
Other		
Monthly Rent / Mortgage		
Hire Purchase		
Total Debts / Payments		
<b>Total</b>		

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STATEMENT OF BENEFIT TO TOBAGO

Dotted lines for writing the statement of benefit to Tobago.

DECLARATION

I/ We ..... attest to the best of my/ our knowledge that the foregoing information is TRUE and ACCURATE . I/ We understand that if there is any false representation, this application will be rendered invalid.

Signature of applicant ..... Date .....

Signature of Parent/Guardian (if under 18) ..... Date .....

The Tobago House of Assembly reserves the right to determine the form of financial assistance that one will receive.

NOTE: - This form must be completed in CAPITAL LETTERS and all supporting documents must be scanned and emailed to DATAS for pre-screening. To complete the application process an appointment will be scheduled. Applicants must present for verification a completed form along with originals and supporting documents at the appointment.

- 1. Passport sized Photograph
2. Curriculum Vitae.
3. Course Outline.
4. Accreditation Letter (from the Accreditation Council of Trinidad and Tobago. (Except UWI, UTT, and COSTAAT).
5. Letter from school / Institution stating the cost of the programme (as applicable).
6. Letter of acceptance or Enrollment from institution/school.
7. Official Letter from Institution stating duration of programme.
8. Schedule of classes (particularly if application is for transportation).
9. Official Book/material/equipment listing from the institution and a proforma invoice.
10. Certified copy or original rental agreement.
11. Payslip

FOR OFFICIAL USE ONLY

Application No. .... Comments: .....
Date of Application: .....
Date Received: .....
Date Recommended / Not Recommended: .....
Amount Recommended: .....
Type of Financial Assistance Recommended: .....
Date Approved / Disapproved: .....
Amount Approved: .....
Type of Financial Assistance approved: .....
Date Approved by Executive Council: .....

Rank scale table with boxes for ranks 5, 4, 3, 2, 1.