



TOBAGO HOUSE OF ASSEMBLY APPLICATION FOR FINANCIAL ASSISTANCE

HOW TO APPLY

- ◆ Applicants must complete this form in CAPITAL LETTERS. A completed form and all supporting documents must be scanned and emailed to DATAS at applications.datas@thadeie.gov.tt for pre-screening.
 - ◆ To complete the application process an appointment will be scheduled. Applicants must present for verification a completed form, originals and supporting documents at the appointment.
 - ◆ One (1) recent PASSPORT-SIZED PHOTO must be emailed with the application. Applications without photos will NOT be accepted.
 - ◆ Applicants must provide ALL the information requested.
 - ◆ Applicants employed with the Government of Trinidad & Tobago or the Tobago House of Assembly must submit their application through their respective Ministries/Divisions for comments and the recommendation of the Permanent Secretary/Administrator and Head of Divisions/Departments. Form 'A', (attached at the back), MUST be submitted with application. Applications not following this directive will not be accepted and/or returned without being reviewed.
 - ◆ If you are pursuing the programme on a part time basis, you must produce written evidence that you have been granted time off in the form of a letter from the Permanent Secretary, Administrator or Head of Divisions/Departments.
 - ◆ If you are receiving any other form of financial assistance such as scholarships etc., from any institution, please attach a copy of the offer and state the value of the scholarship etc. *on page 5*.
 - ◆ Life Insurance Cash Surrender Value (CSV). This is the value payable to the insured if the insured surrenders the policy. *See the assets section on page 6*.
- A. One (1) SCANNED COPY of the following documents must be submitted with your application (originals *must also* be presented at the appointment).
1. Certificates, Degrees or Diplomas.
 2. Electronic Birth Certificate.
 3. Passport (pages 1-4 and the back cover bearing the photograph of passport holder for old passport or pages 1-4 of new passport).
 4. Medical Certificate (must not be older than six months).
 5. Curriculum Vitae/Résumé.
 6. Programme Description/Outline, (i.e. an official list of courses required for the completion and ultimate awarding of the degree, diploma or certificate).
 7. Letter or Statement of Accreditation from the Accreditation Council of Trinidad and Tobago (EXCEPT- UWI, UTT and COSTAATT).

In Trinidad:

Level 3, Building B
ALGICO Plaza
91-93 St. Vincent Street
Port-of-Spain
Trinidad
Tel: (868) 623-2500/5282/8389/8620
Website: www.actt.org.tt

In Tobago:

Tobago Technology Centre
#79 Milford Road
Canaan
Tobago
Tel: (868) 639 -1333

8. Official Transcript from the last institution attended (in cases where students have commenced studies, transcript should be from present institution) to be sent directly to the DATAS by the institution.
 9. Documentation from institution stating annual cost.
 10. Acceptance Letter from institution stating the name of the programme. If currently a student at the institution, a status letter stating the programme being pursued, start date and expected date of completion.
 11. Two recommendations, one should be from the institution last attended or current institution. Both must *not* be older than six (6) months.
- B. The Tobago House of Assembly reserves the right to determine the form and the amount of financial assistance that will be awarded. If awarded financial assistance you are required to fulfil obligatory service. The period of obligatory service is based on the amount of funding received as set out below.

Amount of Assistance	Periods of Obligatory Service
Up to \$50,000	One (1) Year
Over \$50,000 and up to \$100,000	Two (2) Years
Over \$100,000 and up to \$150,000	Three (3) Years
Over \$150,000 and up to \$200,000	Four (4) Years
Over \$200,000	Five (5) Years

- C. Incomplete applications will not be accepted.
- D. Applicants who are attending an institution overseas are not required to submit their original documents of birth, academic certificates and passport. The required copies can be notarized before a Notary Public, Commissioner of Affidavits or certified by Commissioners or Ambassadors of Trinidad & Tobago in the country of current residence.
- E. The **DEADLINE** for submitting an application is **May 31** of each year for entry into College, University or post-secondary institution in **SEPTEMBER /JANUARY**.
- F. Applicants who submit an application **KNOWING** that the information is **NOT TRUE** shall have their application rendered **INVALID** and not acknowledged by the Tobago House of Assembly.
- G. Relevant documents can be mailed to:

Director
 Department of Advanced Training and Advisory Services
 Division of Education, Innovation and Energy
 Tobago House of Assembly
 Dutch Fort Plaza
 Dutch Fort
 Scarborough
 Tobago
 Trinidad & Tobago

- H. For enquiries contact DATAS or its Advisory Unit at:
- Telephone: (868) 639-1558, 660-7853, 299-0781/639-5220
 Ext: 3086-3096;
 Fax: (868) 635-0961;
 Email: datas@thadeie.gov.tt



TOBAGO HOUSE OF ASSEMBLY APPLICATION FOR FINANCIAL ASSISTANCE

Last Name _____ First Name _____ Middle Name _____ Occupation _____ Email Address _____ I. D. Number _____	PHOTOGRAPHS Write your full name on the back of a recent photograph (passport size) and staple (not stick) securely here. Your application will be deemed incomplete if photo-
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Institution:	Course / Degree / Qualification: Certificate () ; Diploma () ; Bachelor () ; Master () ; PhD. () Name of Programme:
Total cost of program: \$	Part time () / Full time ()
Total of your contribution: \$	Telephone Contact _____ Mobile: _____ Home: _____ Work: _____
Amount Required/Requesting: \$	Present Foreign Address :
Local / Mailing Address:	

Date of Birth ____/____/____ YY MM DD	Country of Birth	Nationality	Length of Residence in Tobago: Village of Residence:
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"/>		Length of Residence in Village: Started School: Yes <input type="checkbox"/> No <input type="checkbox"/> When Started: _____ / _____ Academic Year

Names of Other Persons in Household	Date Of Birth	Relationship	Occupation / School	Monthly Salary (If Any)	STD / FORM / YEAR

EDUCATION - State the last institution attended first.

Institutions	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):

Community Involvement:

Other Activities:

EMPLOYMENT RECORD (Last Job First). Use a Separate Sheet If Required.

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

DISABILITY (IF ANY)

Father's Name (Even If Deceased) **Mother's Maiden Name and Surname (Even If Deceased)**

Father's Address **Mother's Address (If Different From Father's)**

Fathers' Occupation	Annual Income	Mothers' Occupation	Annual Income
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Village of Origin **Village of Origin**

Children of Father			Children of Mother		
Name	Age	Occupation / Institution	Name	Age	Occupation / Institution

Children of Father			Children of Mother		
Name	Age	Occupation / Institution	Name	Age	Occupation / Institution

Purpose and Amount of Financial Assistance Required (Tick Where Applicable)

ACADEMIC YEAR (S) Month of Entry	20...../20.....	20...../20.....	20...../20.....	20...../20.....	20...../20.....	Totals
PURPOSE	Amount	Amount	Amount	Amount	Amount	
1. Tuition ()	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....
2. Books ()	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....
3. Supplies ()	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....
4. Living Expenses						
(a) Accommodation ()	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....
(b) Meals ()	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....
(c) Transport ()	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....
5. Miscellaneous () Please Specify						
_____	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....
_____	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....
_____	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....
_____	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....
GRAND TOTAL	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....

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

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

*Previous financial assistance from Tobago House of Assembly ?

Year	Amount	Institution	Programme
	\$ _____		

*State if any relative received financial assistance. e.g. (Mother, father, sister, brother, uncle, aunt, etc.)

Name (s): _____

Year	Amount	Institution	Programme
	\$ _____		

* Other Sources Scholarships (from present University/College or any other Institution) please attach a copy.

YES [] NO []

Year	Amount	Institution	Programme
	\$ _____		

STATEMENT OF MONTHLY EXPENDITURE

EXPENDITURE

LOANS

INDIVIDUAL

HOUSEHOLD

(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	INDIVIDUAL VALUE		HOUSEHOLD VALUE	
Bank Accounts				
Fixed Deposits				
Other Shares / Units				
Credit Union Shares				
Life Insurance CSV				
Other				
Real Estate				
Vehicle				
Furniture / Appliances				
Total				

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

DECLARATION BY APPLICANT

I / We declare that I am a/We are resident/s of and that all statements made in this application are to the best of my/our knowledge, TRUE, COMPLETE and ACCURATE. If awarded financial assistance, I undertake to return to this country at the end of the award period. I / We understand that if there is any false representation, this application will be rendered invalid.

Signature of applicant Date

— FOR OFFICIAL USE ONLY —

File No: Date Received:

Date of Application: Receiving Officer:

Recommended YES () NO ()

Amount Recommended: \$.....

Date Recommended:

Type of Assistance Recommended:

Payment Schedule Recommended:

Priority Ranking - 5 being the highest

5	4	3	2	1

Comments/Reasons:

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Signature of Chairperson Training Awards Committee.....

Approved YES () NO ()

Date Approved / Not Approved:

Amount Approved: \$.....

Date Approved by Executive Council:

Payment Scheduled Approved:

Type of Financial Assistance approved:

Form - A

This form must be completed by Head of Department

1. Has the Officer been granted No-pay Leave for the period of study?

2. What benefit (s) will your Ministry/Division derive from the course/program?

3. Will this course/program benefit any other Ministry/Division?

4. Do you consider the officer to be suitable in all respect for the course/program?

5. Any other relevant information:

Signature: _____

Print Name : _____

Telephone Contact: _____

Affix Department stamp here



Permanent Secretary/Administrator/Head of Department (Please indicate position by ticking).

Date: _____ / _____ / _____
Day Month Year