



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
- 1.2 Date of Birth (dd/mm/yy): ____ / ____ / ____ 1.3 Gender: Female Male
- 1.4 Country of Birth: _____ *Attach copy of Birth Certificate.*
- 1.5 Trinidad and Tobago Passport Number: _____
Trinidad and Tobago National ID Number: _____ *Attach copy of Passport or National ID Card.*
- 1.6 Address: _____
Town: _____ City: _____ Country: _____
Attach Utility Bill for verification of address.
- 1.6a Mailing Address (if different from home address in 1.6 above): _____
- 1.7 Telephone Contacts: Home: _____ Cell: _____ Work: _____
- 1.8 Email address: _____
- 1.9 Marital Status: Single Married Common Law Separated Divorced Widowed
- 1.10 Employment Status: Full-Time Part-Time Other (Seasonal, Casual) Not Employed
- 1.11 Dependant: Yes No
- 1.12 Applicant (and spouse, where applicable)
 reside together separate residence with parents with relatives
- 1.13 If spouse is also a student, year of expected graduation _____

SECTION 2—Institution and Programme Data

- 2.1 Institution: Local Regional (Mona, Cave Hill, Bahamas etc) Other approved with special arrangements
- 2.2 Institution Name: _____
- 2.3 Institution Address: _____
Town: _____ City: _____ Country: _____
- 2.4 Institution Telephone No. _____
- 2.5 Student Registration No. _____
- 2.6 If Caricom Institution or Distance Learning programme, please provide Registrar’s/Foreign Student Advisor’s name:

- 2.7 Programme Name: _____
- 2.8 Programme Level:
 Certificate Diploma Advanced Diploma Associate Degree
Bachelor’s Degree: BA BSc BEd BTech LLB
 BEng DDS DVM 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
- 2.10 Duration of Programme (calendar years):
 1 year or less 2 years 3 years 4 years 5 years 6 years
- 2.11 Programme Year for which you are seeking assistance:
 Year I Year II Year III Year IV Year V Year VI
- 2.12 Academic year of the programme for which you are seeking assistance:
_____ to _____
- 2.13 Address for residence during course of study (if different to address in 1.6 above):

- 2.14 New Student Continuing Student

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 TTS	Amount Already Covered TTS	Source Of Coverage A-G	Help Assistance Sought TTS	For Official Use Amount Approved TTS
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 TTS 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*)

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

Name	Age	Status	Relationship to Applicant

