

Government of the Republic of Trinidad and Tobago

Advanced Level Examination Scholarship Recipient Form

Please complete this form in block letters.

SECTION A – PERSONAL DATA

1. Name					
First Name	Middle Name		Surname		
	ı				
2 Democrated divise		NA -: 1: (:£ -1:££			
2. Permanent address		Mailing address (if diπe	rent from permanent address)		
3. Contact information Home Phone		Mobile Phone			
Primary e-mail		Alternate e-mail			
4. Gender		5. Date of birth (dd/mm	Anna		
		, Date of birth (du/illin	,		
☐ Female ☐ Male		/	/		
6. Identification information					
Country of Birth		Country or Countries of Citizenship			
If you are a national of Trinidad and Tobago, please state:		Expiration Date			
Passport Number		Expiration bate			
Personal Identification Number (PIN) from your Birth Cer	tificate				
7. Marital status					
☐ Single ☐ Married					
Li Single Li Warned					
8. Next of kin or emergency contact					
Name			Relationship		
Address					
Home telephone	Mobile telephone		Work phone		
Primary e-mail		Alternate e-mail			
Attende e-mail					

SECTION B – SCHOLARSHIP									
Scholarship based on the Advanced L	vel Examinations.								
□ Open									
☐ Additional									
Category									
	vironmental Studies ☐ Technical Studies								
	nguages								
E Dusilless E M	inematics ineclinology studies								
SECTION C – PROPOSED PROGI	AMME OF STUDY & FINANCIAL AID INFORMATION								
1. Level of programme - Bachelor's D	gree								
2. Method of instruction									
☐ Taught ☐ Onli	e 🔲 Distance Learning								
3. Duration of Programme									
□ 1 year □ 2 yea	s 🗆 3 years 🗆 4 years 🗅 Other:								
4. Institution of study									
Name of Institution									
Address									
Telephone Number	Fax Number								
E-mail	Is this school GATE-approved (if local)?								
L-IIIdii	is this school date-approved (if local):								
5. Estimated cost of Programme	First Academic Year \$								
-	Second Academic Year \$								
	Third Academic Year \$								
	Fourth Academic Year \$								
The second self-self-self-second second									
Have you applied to this programme?	☐ Yes ☐ No								
Have you been accepted for the next academ	c year?								
If so, please indicate your expected start date Are you awaiting acceptance?	☐ Yes ☐ No								
Are you enrolled in this programme?	□ Yes □ No								
If yes, in which year?	Proposed graduation date								
·									
, ,	g from any of the following agencies:								
☐ Ministry of Science, Technology and	☐ Ministry of Science, Technology and Tertiary Education Higher Education Loan Programme ☐ GATE ☐ HELP Loan								
☐ Ministry of Community Developmen	, Culture and Gender Affairs Bursaries								
☐ Ministry of Health Bursaries									
☐ Tobago House of Assembly Bursaries	or Scholarships								
□ Other									

7	Λ		ro	٦i	+-	4 i	on
/.	A	cc	re	ai	та	T	on

Are t	he institution	<u>and</u>	the proposed degree programme accredited by the Accreditation Council of Trinidad and Tobago (ACTT)?
	Yes		No
Fau:	afawaatian am		

For information on accreditation, please refer to:

www.actt.org.tt

For a list of institutions and programmes in which our scholars are currently enrolled, please refer to our website:

www.scholarships.gov.tt

SECTION D – ACADEMIC & PROFESSIONAL QUALIFICATIONS

1. Secondary Level

Institution	Examining Body/level	Subject	Grade	Date Awarded (mm/yyyy)

2. Vocational Level

Da	Date				Qualification
From (mm/yyyy)	To (mm/yyyy)	Institution	Examining Body/Level	Programme/Area of Study	obtained

SECTION E

1. Standardised Tests (if applicable)

Applicants wishing to study in the United States and the United Kingdom are often required to take standardised exams for admission.

Please give the following information for the tests you have taken.

Test	Date	Total Score
SATI		
SAT II		

Test Scores	(if Fnalish	is not v	our native	language)
	(=9,	,	our manie	iaiigaage,

Test	D	ate		Total Score
TOEFL				
Other				
2. Language Ability				
			ng Standard English a	and any other languages. State whether you
LANGUAGES	READING	WRITING	SPEAKING	
1. STANDARD ENGLISH				
2.				
3.				
SECTION F				
. Guarantor/Witness				
lame of Guarantor:				
Address				
dentification Number			Phone#	
lame of Witness:				
Address				
dentification Number			Phone#	
ECTION G – DISABILI	TY / SPECIAI	NEEDS:		
	ministered by the (Republic of Trinidad an	d Tobago do not discriminate on the basis of race
. ,				

ECTION H – DECL	ARATION	AND	SIGNAT	URF
------------------------	---------	-----	--------	-----

I hereby certify tha	t the information I	have provided i	s accurate. I	understand tha	t any misrepresentatio	n on my pa	art may	affect m
scholarship.								

	_		/	/
Signature of Awardee		Dav	Month	Year

Please note:

- 1. Copies of the following documents must accompany this Form.
 - I. Birth Certificate
 - II. Academic Certificates
 - III. Passport: include copies of relevant biodata pages only. If not available, include any other form of national picture ID
 - IV. Letter of acceptance from the academic institution
 - V. Letter of Accreditation (where applicable)

The Permanent Secretary

Ministry of Public Administration Scholarships and Advanced Training Division 5th Floor, National Library Building Corner Hart and Abercromby Streets, Port of Spain

FOR OFFICIAL USE ONLY

DOCUMENTS RECEIVED	
 □ Birth Certificate □ Academic Certificates □ Passport □ Letter of Acceptance □ Letter of Accreditation 	Documents checked by (Signature) Date