

Government of the Republic of Trinidad and Tobago

Commonwealth Scholarship

Please complete this form in block letters.

SECTION A – PERSONAL DATA

1. Name										
First Name	Middle Name		Surname							
2. Permanent address	Λ.	Mailing address (if different from permanent address)								
2. remainent address		naming address (if different from permanent address)								
3. Contact information Home Phone		Mobile Phone								
Primary e-mail		Alternate e-mail								
4. Gender	5	. Date of birth (dd/mm	(/www)							
Female		/	/							
6. Identification information										
Country of Birth		Country or Countries of Citizenship								
7. Marital status										
☐ Single ☐ Married										
8. Next of kin or emergency contact										
Name			Relationship							
Address										
Home telephone	Mobile telephone	Work phone								
Primary e-mail	1	Alternate e-mail								

SECTION B – SCHOLARSHIP

Scholarship offered by the Trinidad & Tobago Government under the Commonwealth Scholarship and Fellowship Plan. Category □ Technical Studies □ Science **Environmental Studies Modern Studies** Languages ☐ Visual & Performing Arts/Art Business Mathematics ☐ Technology Studies Medicine **SECTION C** – PROPOSED PROGRAMME OF STUDY & FINANCIAL AID INFORMATION 1. Level of programme PhD Bachelor's Degree Masters Degree 2. Name of Degree **Duration of Programme** 1 year ☐ 2 years ☐ 3 years ☐ 4 years Other: Institution of study Name of Institution Address Fax Number Telephone Number E-mail **Estimated cost of tuition and compulsory fees** First Academic Year \$ Second Academic Year \$ Third Academic Year \$ Fourth Academic Year \$ TOTAL\$ Have you applied to this programme? Yes No Have you been accepted for the next academic year? Yes No Month 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

SECTION D – ACADEMIC & PROFESSIONAL QUALIFICATIONS

1. Secondary Level

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

2. Vocational Level

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

SECTION E

1. Standardised Tests (if applicable)

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

Test	Date	Total Score
SATI		
SAT II		

Test Scores (if English is not your	native language)				
Test	Date	9		Total Score	
TOEFL					
Other					
2. Language Ability					
			ing Standard Englis	sh and any other languages. State whether you	
LANGUAGES	READING	WRITING	SPEAKING		
1. STANDARD ENGLISH					
2.					
3.					
SECTION F — NOMINA Name of Nominating Country	TING COUNT	ΚΥ			
Name of Nominating Agency					
Address					
email			Phone#		
Name of Contact at Nominating Agency					
Address					
email			Phone#		
SECTION G — DISABILI 1. Scholarship programmes adr colour, religion, sex, or physic	ministered by the Go		Republic of Trinidad	and Tobago do not discriminate on the basis of race	e,
2. Do you have a disability?			lf ye	es, please give details in the lines below.	

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I hereby certify tha	nt the information I	have provided is	s accurate. I	understand that	any misrepresentation	on my part m	ay affect my
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

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 	Documents checked by (Signature) Date