



APPLICATION FOR TERTIARY ASSISTANCE

BIOGRAPHIC PROFILE					
ID #:			TRN :		
NAME	Title	Last Name/Surname	First Name	Middle Name(s)	
Other NAME (If Applicable)	Title	Last Name/Surname	First Name	Middle Name(s)	
Name Type of Former Name: Maiden <input type="checkbox"/> (Prior to) Deed Poll <input type="checkbox"/> Other <input type="checkbox"/> Please Specify _____					
Date of Birth dd / mm / yyyy		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		Marital Status	
Country of Birth			Nationality		
Are you a University Staff Member? Yes <input type="checkbox"/> No <input type="checkbox"/>			Are you a dependent of a University Staff Member? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Disability		Employment Status		Employer	
Employer's Address _____ _____					
Employer's Telephone _____			Employer's E-mail Address _____		
CONTACT INFORMATION					
Permanent Address			Term/Mailing Address (if you reside on Hall please provide full details)		
Apt./Street/P.O. Box _____ _____ _____			Apt./Street/P.O. Box _____ _____ _____		
City/Town	Country	Home Phone	City/Town	Parish	Country
E-mail Address		Cellular Phone #	Contact #1		Contact #2

ACADEMIC PROFILE

Institution		Present Faculty	Programme	State your Major/Option
Enrolment Status Full Time [] Part Time []	Level/Year	Other information		Expected Date of Graduation
Campus		Hall of Residence	Additional information	

PARENTAL INFORMATION

Mother or Stepmother (Omit as necessary)		Father or Stepfather (Omit as necessary)	
Name		Name	
Address _____ _____		Address _____ _____	
Telephone (W)		Telephone (W)	
Telephone (H)		Telephone (H)	
Occupation		Occupation	
Employer		Employer	
Salary \$ _____		Salary \$ _____	
Weekly - [] Fortnightly - [] Monthly - [] Annually - []		Weekly - [] Fortnightly - [] Monthly - [] Annually - []	

SPOUSAL INFORMATION

APPLICANT'S DEPENDENTS

Name	Name	Age
Address (If Different from Applicant's Permanent Address) _____ _____ _____	Name of Child's School	
	Name	Age
	Name of Child's School	
	Name	Age
E-mail Address	Name of Child's School	
Telephone (H)	Other Dependent Children? Yes [] No []	
Telephone (W)		
Occupation		
Employer		
Salary \$ _____		
Weekly - [] Fortnightly - [] Monthly - [] Annually - []		

REFEREE'S AFFIDAVIT

NAME	Last Name/Surname	First Name	Middle Initial(s)
Home Address			
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Telephone (H)	Telephone (W)	E-mail Address	
Occupation	Name of Employer/Business		
Name of STUDENT being recommended			
How long have you known him/her?	Year(s)	Month(s)	
What do you know of the applicant's family?			
<hr/> <hr/>			
What do you know about the co-curricular activities of the applicant?			
<hr/> <hr/>			
Is this person experiencing financial difficulties? Yes [] No []			
If 'yes' please explain:			
<hr/> <hr/>			
Would you regard the student as someone with integrity? Yes [] No []			
If 'yes' please explain:			
<hr/> <hr/>			
How would assistance Eduaid Foundation Limited benefit the student?			
<hr/> <hr/>			
Is there any other pertinent information that you think we should know? Yes [] No []			
If 'yes' please explain: _____			
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I hereby declare that the information provided above and by the applicant is to the best of my knowledge true.			
Signed _____			Date dd / mm / yyyy

For Official Use Only

Assessment
