

**T.A. MARRYSHOW COMMUNITY COLLEGE**

**DEPARTMENT OF STUDENT AFFAIRS**

**EXAMINATION ASSISTANCE APPLICATION FORM**

The information given on this form will be treated as confidential information. The College uses the information that you provide to determine if you are eligible to receive financial assistance.

1. Name \_\_\_\_\_
2. (a) Permanent address: \_\_\_\_\_  
(b) Land Mark: \_\_\_\_\_
3. Permanent telephone number: \_\_\_\_\_  
Student Cell Phone: \_\_\_\_\_ Parent Cell Phone Number: \_\_\_\_\_
4. Date of birth: mm \_\_\_\_\_ /dd \_\_\_\_\_ /yr \_\_\_\_\_
5. Country of birth: \_\_\_\_\_
6. Name of former school: \_\_\_\_\_
7. School's telephone number: \_\_\_\_\_
8. Programme / department: \_\_\_\_\_ Year :(1)(2) \_\_\_\_\_
9. Expected date of Graduation: \_\_\_\_\_
10. Name of parents or guardian: Mother: \_\_\_\_\_  
Father: \_\_\_\_\_  
Other: \_\_\_\_\_
11. Number of persons employed in your household: \_\_\_\_\_
12. Occupation of parents or guardian/other:
  - 1) Mother \_\_\_\_\_
  - 2) Father \_\_\_\_\_
  - 3) Guardian \_\_\_\_\_

13. Name and Address of present employer: (**Attach job letter from employer**)

1) Mother's Employer \_\_\_\_\_  
Telephone number: \_\_\_\_\_

2) Father's Employer \_\_\_\_\_  
Telephone number: \_\_\_\_\_

3) Guardian's Employer \_\_\_\_\_  
Telephone number \_\_\_\_\_

14. Self-employed (state details):

Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

15. Number of persons in your household: \_\_\_\_\_

16. Number of persons unemployed: \_\_\_\_\_

17. Average family monthly income: \_\_\_\_\_

18. Have you attended TAMCC before? \_\_\_\_\_

19. Are you receiving assistance from anyone at this time? No ( ) Yes ( )

If yes, state details:

\_\_\_\_\_  
\_\_\_\_\_

20. Have you received assistance from the Department of Student Affairs? No ( ) Yes ( )

If yes, state details:

\_\_\_\_\_  
\_\_\_\_\_

21. What Co-curricular Activity are you a part of? \_\_\_\_\_

22. Have you participated in any activity staged by the Department of Student Affairs?  
Yes ( ) No ( )

If yes, state details:

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23. What sport do you play for the College? \_\_\_\_\_

**Please provide the cost of your examination expense \$ \_\_\_\_\_**

**Applicants MUST pay at least 1/2 of examination cost and attach a copy of the receipt with this application.**

By signing this application, you agree, if asked to provide information that will verify the accuracy of your completed form. Also, you certify that you will use the student financial assistance for the sole purpose for which it is given. If you give misleading information you may be disqualified. By submitting this application, you are giving the College permission to verify any information on this form and to obtain information from all persons required to report. **Please note that applicants submitting this form are not guaranteed to qualify for assistance.**

Signature of applicant: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Signature of Recommender: \_\_\_\_\_

Date this form was completed: \_\_\_\_\_

**Required:**

- **Two typed letters of recommendation;**
- **A 250 word typed essay explaining why the assistance should be provided;**
- **If you are a Second Year Student, please attach progress report.**

**FOR OFFICE USE ONLY**

**INVESTIGATION:**

**WHO CHILD/CHILDREN LIVE WITH:** \_\_\_\_\_

**PRESENTING PROBLEM:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACTION DUTY OFFICER:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**RECOMMENDATIONS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DUTY OFFICER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPROVED** YES ( ) NO ( ) **DATE:** \_\_\_\_\_

**DIRECTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_