

# T.A. MARRYSHOW COMMUNITY COLLEGE

## DEPARTMENT OF STUDENT AFFAIRS

### SCHOLARSHIP 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 this scholarship. **Students MUST have a GPA of 3.5 and above and participate(d) in student life.**

1. Name \_\_\_\_\_
2. (a) Permanent address: \_\_\_\_\_
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. Programme / department: \_\_\_\_\_ Year :(1)(2) \_\_\_\_\_
8. Expected date of Graduation: \_\_\_\_\_
9. Name of parents or guardian: Mother: \_\_\_\_\_  
Father: \_\_\_\_\_  
Other: \_\_\_\_\_
10. Number of persons employed in your household: \_\_\_\_\_
11. Occupation of parents or guardian/other:
  - 1) Mother \_\_\_\_\_
  - 2) Father \_\_\_\_\_
  - 3) Guardian \_\_\_\_\_
12. Name and Address of present employer:
  - 1) Mother's Employer \_\_\_\_\_  
Telephone number: \_\_\_\_\_

2) Father's Employer \_\_\_\_\_

Telephone number: \_\_\_\_\_

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

Telephone number \_\_\_\_\_

13. Self-employed (state details):

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

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

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

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

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

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

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

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

If yes, state details:

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

20. Have you participated in any activity staged by the Department of Student Affairs?

Yes ( ) No ( )

If yes, state details:

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

By signing this application, you agree, if asked to provide information that will verify the accuracy of your completed form. 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 only one applicant per School submitting this form qualify for the scholarship.**

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

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

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

**Required:**

- **Most recent 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:** \_\_\_\_\_