

T.A. MARRYSHOW COMMUNITY COLLEGE

DEPARTMENT OF STUDENT AFFAIRS

TUITION 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:

23. What sport do you play for the College? _____

Please provide the cost of your tuition expense \$ _____

Applicants MUST pay at least 1/2 of tuition 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:** _____