MINISTRY OF EDUCATION AND HUMAN RESOURCE PLANNING, VOCATIONAL TRAINING AND NATIONAL EXCELLENCE

APPLICATION FOR ASSISTANCE – EDUCATION TRUST FUND

Write clearly using BLOCK LETTERS.

SECTION 1– Your General Information

*Mr. Mrs. Miss				
Title	**First Name**	**Initial**	**Last Name**	**Alias or Nickname**
Physical Address*				
Email Address			**Telephone Numbers***	
Relationship to Beneficiary*				

*Mandatory boxes – Information for these areas MUST be provided

SECTION 2– Beneficiary's/Child's Information

Complete **ONLY** if student is presently at or will be attending **Secondary School**

* Mr. Miss			M	F
Title	**First Name**	**Initial**	**Last Name**	**Gender***
Physical Address*				
Email Address			**Date of Birth***	**Age***
Telephone Numbers			**High School***	**Form***
Mother's Name				
Father's Name				

*Mandatory boxes – Information for these areas MUST be provided

SECTION 3– Request

Please place a tick in the box (es) that you require assistance.

CXC/GCE Examination Fee	
School Registration Fee	
School Transfer Grant	
Transportation	

The Board of Directors of the Education Trust Fund is responsible for the approval of applications.
Assistance may be given in one or more areas at a time.

SECTION 4– BACKGROUND INFORMATION(Household)

Main Caretaker(s)/Head of Household of Beneficiary			
SINGLE PARENT		BOTH PARENT	
EXTENDED FAMILY		OTHER (Specify)	
Any physically challenged person in the home? Yes ☐ No ☐			
Usual mode of transportation for household			
Private vehicle		Public/Bus		Walk	

Number of Children/Dependents in household					
1 -3		4 – 6 .		More than 6	
Domestic status					
Mortgage		Rent		Family	
Other (Specify)					
Indicate if assistance is received from					
Welfare		Childfund		None	
Other (Specify)					

	Parent/Guardian 1		Parent/Guardian 2	
Occupationof Parent/Guardian>>>>				
Name of Employer>>>>>>>>>>>>>>>				
Average Monthly Income *Salary, part-time jobs, remittances from abroad*	**Under $500**		**Under $500**	
	$500 - $1,000		**$500 - $1,000**	
	$1,001 - $2,000		**$1,001 - $2,000**	
	More than $2,000		**More than $2,000**	

APPLICANT'S SIGNATURE

Print Name: Signature

I hereby affirm that the information that has been provided here is valid and factual and will further accept any and all liabilities therein

RECOMMENDATION (School Principal, Community or Church Leader)

COMMENTS: (Please give reason why the applicant needs assistance)

I hereby affirm that I know the above applicant and beneficiary and can confirm their need for assistance from the Education Trust Fund

Print Name:

Signature

Position:

Telephone No.:

EDUCATION TRUST FUND (For Official Use Only)

APPROVED

CXC/GCE Examination Fee	
School Registration Fee	
School Transfer Grant	
Transportation	

COMMENTS

SIGNATURE: Director – Education Trust Fund

PROCESSED: Secretary