



**MINISTRY OF EDUCATION, SUSTAINABLE DEVELOPMENT,
INNOVATION, SCIENCE, TECHNOLOGY AND VOCATIONAL
TRAINING**

(Human Resource Development Unit)

FINANCIAL NEEDS ASSESSMENT

NAME OF COURSE :

NAME OF APPLICANT :

DATE OF BIRTH : **SEX:** Male Female

ADDRESS: (Home) :

ADDRESS: (Mailing) :

TELEPHONE NO. : **Contact No.:**

FAMILY INFORMATION (persons in your household)

	NAME	OCCUPATION	MONTHLY Salary/Wages
PERSONAL			
FATHER			
MOTHER			
SPOUSE			
GUARDIAN			

Please provide evidence e.g. pay/salary slip or job letter.

List of names of **OTHER** persons in your household. Please indicate whether they are employed, unemployed or student.

NAME	AGE	RELATIONSHIP	EMPLOYMENT STATUS Employed/Unemployed/Student

Important: All sections of this form must be completed.

Residential Status:

{ } Rental Monthly Rent
(please provide evidence)

{ } Owned

{ } Mortgage Monthly Payment

{ } Other (please specify)

Do you receive help from other sources? Yes No

If yes, please specify:.....

Are there any members of your family currently on scholarship at a university?

Yes No

If yes, what is the source of funding?

Loans Grants Personal Funds Others (please specify)

How would the balance of fees be financed?

Student Loan Family/Personal Funds Grant

What Collateral is available to you?

House Land House/Land Trust Fund

Other (please specify)

Are you actively involved in Community Activities?

- Sports
- Youth Organizations
- Religious
- Other (please Specify)

I declare that the information provided above is accurate.

.....
Signature of Applicant

.....
Signature of Parent/Guardian

.....

Important: All sections of this form must be completed.

Date

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