



**TRINIDAD & TOBAGO ALLIANCE (U.S.A.) INC.**  
**2152 Ralph Ave, Suite 522 Brooklyn, New York 11234**

**Application for Scholarship Grant 2020**

**Personal Data**

Name:

\_\_\_\_\_ LAST                      \_\_\_\_\_ FIRST                      \_\_\_\_\_ MIDDLE INITIAL                      \_\_\_\_\_ SS #

Present Address:

\_\_\_\_\_ NUMBER & STREET                      \_\_\_\_\_ CITY OR TOWN                      \_\_\_\_\_ STATE                      \_\_\_\_\_ ZIP CODE

Permanent Address:

\_\_\_\_\_ NUMBER & STREET                      \_\_\_\_\_ CITY OR TOWN                      \_\_\_\_\_ STATE                      \_\_\_\_\_ ZIP CODE

Present Telephone:

Permanent Telephone:

\_\_\_\_\_ Area Code      \_\_\_\_\_ Number                      \_\_\_\_\_ Area Code      \_\_\_\_\_ Number

Gender:

How did you find out about this Scholarship?     Friend / Relative     School     Alliance Member

Are you a descendent of a citizen of Trinidad & Tobago?     Yes                       No **If** no, please explain on a separate sheet.

**Education ( Include High School and College)**

Name of School / College and Location	Dates of Attendance		Degree received or to be received		
	From	To	Degree	Major Field	Date
High School					
College					

**Scholastic Achievements**

**HIGH SCHOOL:** cumulative average. \_\_\_\_\_ out of poss. \_\_\_\_\_ pts.

**COLLEGE:** cumulative average. \_\_\_\_\_ out of poss. \_\_\_\_\_ pts.

**Scholastic Honors (Honor Societies, Prizes, Scholarships, etc.)**

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

**Community Involvement Activities**

**References ( Academic; Give name, title, address and telephone number)**

- 1.
- 2.
- 3.

**Personal Statement of Long Range Career Goals and Personal Interests  
(including academic program planned) Use a separate sheet if necessary.**

By signing this application, I authorize the Trinidad and Tobago Alliance to make investigations related to the information here in provided and I agree to hold the Trinidad and Tobago Alliance harmless for any claims of liability resulting from these investigations. I indicated my awareness that false statements may disqualify me from consideration.

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Signature of Applicant

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Date