



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

**Application for Scholarship Grant 2021**

**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**

**Male**                       **Female**  
 How did you find out about this Scholarship?     Friend / Relative     School     Alliance Member  
 Are you or your parents' citizens 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

