UNIVERSITY of the SOUTHERN CARIBBEAN
Royal Road, Maracas, St. Joseph, Trinidad

NAMED SCHOLARSHIP APPLICATION FORM

Name of Scholarship you are applying for _____

Name _____
Last First Middle

Address _____

USC I.D. No. _____ Nationality _____ Expected Graduation Date: _____

Tel. No. (Home) _____ (Cell) _____ (Work) _____ ext. _____

Major _____ Minor _____

School year: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Statement of Financial Need _____
_____
_____
_____
_____

List your leadership roles _____
_____

Expenses		**Income**	
Tuition & Fees	$_____	Parental/Other Support	$_____
Housing	$_____	Other Scholarship (s)	$_____
Food/Cafeteria	$_____	Work (min. 15 hrs. weekly)	$_____
Books	$_____	Name of Company/Dept.	_____
Other	$_____	Employer/Manager's Signature	_____

Student's Signature: _____

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REQUIRED SIGNATURES AND STAMPS FROM THE FOLLOWING PERSONS/ DEPARTMENTS:

Citizenship _____ _____
V. P. Student Development & Services or Designate *Comments*

Academic Record _____ _____ _____
Registrar GPA Credits needed for completion

Recommendation _____
School Dean/Advisor/Teacher (Signature & Block Letters)

Current Balance _____ $ _____
Director of Student Finance or Designate *Debit/Credit*