



**TRINIDAD AND TOBAGO UNIT TRUST CORPORATION  
SEA SCHOLARSHIP ASSESSMENT FORM**

Our SEA Scholarship Programme provides support to pupils who are academically brilliant and come from financially disadvantaged families.

The information on this form will be used to aid in the assessment process for the UTC SEA Scholarship Programme. The Trinidad and Tobago Unit Trust Corporation is committed to protecting your personal information and will not share your details with third parties without prior consent.

Parent's Name: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Student's Name: \_\_\_\_\_

1. What is your employment status? (Check the applicable box)

Mother's Job Title (please state) \_\_\_\_\_

Permanently Employed

Deceased

Employed Part Time

Other

Unemployed

Father's Job Title (please state) \_\_\_\_\_

Permanently Employed

Deceased

Employed Part Time

Other

Unemployed

Guardian's Job Title (please state) \_\_\_\_\_

Permanently Employed

Deceased

Employed Part Time

Other

Unemployed

2. What is your family's combined monthly income? (Check the applicable box)

Less than \$2,000.00

Between \$4,001.00 - \$6,000.00

Between \$2,001.00 - \$4,000.00

Over \$6,000.00

3. Are you receiving any public or private assistance? (Check all boxes that apply)

Disability Grant Assistance

Public Assistance Grant

Food Support Card

Other

Private

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



## TRINIDAD AND TOBAGO UNIT TRUST COROPORATION SEA SCHOLARSHIP ASSESSMENT FORM

4. What is the status of your residence? (Check the applicable box)

Home Owned       Home Rented       Lives with Family   
Squatting       Other       \_\_\_\_\_

5. How many dependents do you have? (Check the applicable box)

2 – 4       5 – 8       9 and above

6. What utilities do you have? (Check all boxes that apply)

Cable       Electricity       Internet       Running water   
Mobile phone / Landline

7. What amenities do you have? (Check all boxes that apply)

Air Conditioning       Desktop Computer       Dryer       DVD Player   
Laptop       Microwave       Refrigerator       Sound System/Stereo   
Stove       Television       Washing Machine

8. Was your child active in the school feeding programme? (Check the applicable box)

Yes       No       Comments: \_\_\_\_\_

9. Was your child always punctual and regularly attended school? (Check the applicable box)

Yes       No       Comments: \_\_\_\_\_

10. General Comments (Please state any other challenges that are not captured above that will assist with the assessment process.)

---

---

---

---

By checking this box, I certify I have read this assessment form and the information I have provided is true and accurate. Additionally, by checking this box, I have understood and agree with how the information I have provided will be used.