



# MINISTRY OF EDUCATION, INNOVATION, GENDER RELATIONS AND SUSTAINABLE DEVELOPMENT

(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

	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**

.....  
**Date**

**Important:** All sections of this form must be completed.