**FINANCIAL AID APPLICATION FORM**

*This information you provide will be treated as strictly confidential and will be used for the College’s purposes only.*

**Please type in the spaces provided. Use an “x” next to chosen option in rows with \*.**

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| **PART A PERSONAL INFORMATION** |
| **Name:** |
| **SALCC ID#:** |
| **Programme:** |
| **\*Year: 1st 2nd 3rd**  |
| **Date of Birth (dd/mm/yy):** |
| **Sex:** |
| **Marital Status:** |
| **Nationality:** |
| **Address:** |
| **Contact Number(s):** |
| **GoogleApps Email Address:** |

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| **PART B FINANCIAL INFORMATION** |
| \*Please indicate primary means of financial support:Parents Self Supporting Spouse Other (indicate) |
| **Name of supporting person(s)** | **Occupation** | **Monthly Income (attach salary slips)** |
| 1. |  |  |
| 2. |  |  |
| How many persons depend on this income? (including yourself) |
| Please indicate any other means of support (if any) |
| \*What do you need financial assistance with?Tuition School Supplies Device Other (Please indicate) |
| \*Have you applied to any other source for financial assistance for this academic year?No Yes If yes, please specify source and amount: |

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| **PART C REFERNCES** |
| You need to find two (2) persons as references. The Principal/Teacher from your last school (new students) or a Lecturer (continuing students), and one respectable member of your community or a person who can comment on your financial situation. It is important to note that the reference person must **NOT** be a relative or one of our Counsellors. Please forward the Referee Form (available on the College’s website) to each person, and ask them to email the completed referee form to financialaid@apps.salcc.edu.lc with your name as the subject of the email.  |
| **Name of Referee** | **Email address** | **Contact Number(s)** |
| **1.** |  |  |
| **2.** |  |  |

**When complete, please email this form from your SALCC GoogleApps email with your name as the subject. Send email to** **financialaid@apps.salcc.edu.lc**