



## STUDY FINANCING APPLICATION FORM

**Use this form to:**

Request study financing to pursue higher education at "SBO", "MBO", "HBO", college or university level.

**Submit fully the completed form and required documents to:**

Division Study Financing, N. de Brotstraat # 3, Vlaun Building, Philipsburg St. Maarten  
*before January 15, 2014.*

**Please print your information clearly on this form**

**For more information:**

www.study-sxm.org



### 1 APPLICANT'S INFORMATION

1.1	Crib Number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<i>The applicant must request a crib number from the Tax Office. This takes approximately 7 days.</i>
1.2	Surname	_____											
	First name and Initial (s)	First Name _____	Initials _____										
1.3	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female											
1.4	Date of Birth and Place of Birth	Day _____	Month _____	Year _____									
		Place of Birth _____											
1.5	Nationality	<i>To apply for study financing, the applicant must have the Dutch nationality.</i>											
1.6	Passport number and Taxable income 2012	Passport number _____	Taxable income 2012 <i>Please indicate your income for 2012 if you worked.</i>										
		NAF.											
1.7	Local Address: Street & house number	Street _____	House/Apartment number _____										
	District	_____											
1.8	Foreign Address: Street & house number	Street _____	House/Apartment number _____										
	City, State and Zip code	City _____	State _____	Zip code _____									
	Country	_____											
	Start date foreign address	Day _____	Month _____	Year _____									
		<i>Please indicate the date as of which you have been residing at this foreign address.</i>											
1.9	Telephone number (s)	<i>Please list all telephone contact numbers (home, cellular, parents and or foreign)</i>											
	Email address	_____											

## 2 STUDY INFORMATION

2.1 Name of the country where you intend to study **(List only 1)** \_\_\_\_\_

2.2 Name of the study or degree program for which you are requesting study financing *Please list the official name of study or degree program* \_\_\_\_\_

2.3 Name of the educational institution(s) \_\_\_\_\_

2.4 Start date of your study and duration of study

Day	Month	Year	Duration of study
			Years

2.5 What is the educational level of the study you listed under point 2.2?  
*VWO -and IB program students may select both bachelor and master*

SBO/MBO       Level 3       Level 4

Associates (for career schools only)

Bachelor (college, HBO or university)       Master

2.6 Are you directly admissible to the study that you listed under point 2.2?

Yes      **Please go to section 3**

No

Indicate why not?

Unable to declare a major in the first year       Not admissible to school as an international student

No SAT scores       No MCAT scores

Other: \_\_\_\_\_

Name of the study which you will be pursuing

General Transfer Associates       General Liberal Arts

Other: \_\_\_\_\_

## 3 EDUCATION

3.1 Do you have a high school diploma?

Yes      **Please go to 3.2**

No      **Please go to 3.3**

3.2 When did you graduate?

Day	Month	Year

List the type of high school diploma(s)  
**Please go to 3.4, if you are not currently pursuing a higher level high school diploma**

IB  VWO  HAVO  CXC  GED  TKL  PKL

American  Canadian  Other: \_\_\_\_\_

3.3 Name of current school \_\_\_\_\_

Type of diploma expected and expected graduation date  
**Please go to section 4**

Type of diploma expected	Expected Graduation Date (dd mm yyyy)
Associates <input type="checkbox"/> Bachelors <input type="checkbox"/>	
Master <input type="checkbox"/>	

3.4 I am currently pursuing an/a ..... degree. Select one or more degree.  
**Please go to section 4**

3.5 I am in possession of an/a ..... degree.

Associates  Bachelors  Master

Graduation Date

Day	Month	Year

## 4 PARENTAL INFORMATION

### 4.1 Request to exclude a parent or parents from the study financing request

A parent or both parents may be excluded from a request study financing only in the following cases: no contact for more than 5 years, due to a serious conflict or irreconcilable differences or no structural financial support.

I do not want to exclude my parents  **Please go to 4.2**

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I want to exclude my .....  Father *(skip to 4.2)*  Mother *(skip to 4.3)*  Both parents *(skip to 5)*

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Indicate the reason (s)  No contact for more than 5 years  A serious conflict or irreconcilable differences

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No structural financial support

***The applicant must submit a declaration from the Court of Guardianship, school, guidance counselor, social worker or psychologist supporting the abovementioned for this request to be approved.***

### 4.2 Mother's Information

Deceased  *If yes, go to 4.3. The applicant must submit a copy of the death certificate*

Crib Number 

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Surname 

First Name	Initials
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First name and Initial (s) 

Day	Month	Year	Place of Birth
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Date of Birth and Place of Birth 

Day	Month	Year	Place of Birth
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Email Address and telephone number 

Email Address	Telephone number
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Local Address: Street and number 

Street	House/Apartment number
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District \_\_\_\_\_

Taxable income for 2012 NAF. *Please indicate your assessed taxable income after all applicable deductions*

Signature and date \_\_\_\_\_

*I declare that I have completed the information above fully and truthfully.*

### 4.3 Father's Information

Deceased  *If yes, go to 5. The applicant must submit a copy of the death certificate*

Is your father's information listed on your birth certificate or acknowledgement documents?  No **Please go to section 5**

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Yes

Crib Number 

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Surname 

First Name	Initials
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First name and Initial (s) 

Day	Month	Year	Place of Birth
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Date of Birth and Place of Birth 

Day	Month	Year	Place of Birth
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Email Address and telephone number	Email Address	Telephone number
Local Address: Street and number	Street	House/Apartment number
District		
Taxable income for 2012	NAF. <i>Please indicate your assessed taxable income after all applicable deductions</i>	
Signature and date	<i>I declare that I have completed the information above fully and truthfully.</i>	

## 5 STUDY FINANCING INFORMATION

5.1 Have you ever received study financing from the Government of St.Maarten?

No [Please go to section 5.2](#)

Yes

Indicate the period during which you were a study financing recipient?  
What was the reason your study financing was terminated?

Graduation  Stopped Studying  Change of Study

Other:

5.2 Will you be requesting or receiving funding from an alternate source, which is not DUO or a scholarship from your school?  
Please list source(s)

No [Please go to section 6](#)

Yes

Financial Aid (US citizens)  Trust fund  Parents business

SSC  Government of Aruba  RCN (BES islands)

Other :

## 6 DECLARATION AND SIGNATURE

- I declare that, I have completely read the terms and conditions under which study-financing is granted.
- I declare that, I accept and agree to adhere to the terms and conditions under which study-financing is granted.
- I declare that, I have submitted the following required documents along with the completed application form:  
 2 recent passport photos,  Original Birth certificate,  Proof of Dutch Nationality,  A copy of passport  
 Detailed registration form from the Civil Registry,  Parental Income tax statement,  A valid Health Certificate,  
 Proof of application /admittance to an educational institution,  Most recent grades,  Transcript or  High school Diploma ,  A copy of a Career Interest Test and  Request to exclude parent declaration letter.
- I declare that, I have completed this form fully and truthfully.

Signature	Date <i>day month year</i>
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