

STUDENT REQUEST FOR ASSISTANCE (USA)

Please complete the following questionnaire. Completion of all questions will facilitate consideration of your request. When completed, please return to Bjorn.Hazel@embassydc.gov.kn, amb.phillipbrowne@embassydc.gov.kn

Full Name: _____

Address in USA _____

Telephone: _____

Email: _____

College/University: _____

Undergraduate, graduate or post-graduate studies: _____

Field of Study: _____

Indicate if living on/off campus: _____

Are you a US citizen/resident? Yes No Student Visa

Do you have relatives/a support system in the USA? Yes No

Please indicate area(s) of need: Groceries Rent Other

Emergency contact: Name: _____ Relation: _____ Tel# _____

Home Address in St. Kitts and Nevis: _____