

**MINISTRY OF INDIGENOUS AFFAIRS, PROVINCIAL
DEVELOPMENT & MULTI ETHNIC AFFAIRS**

FIJIAN TRUST FUND BUILDING COMPLEX
87 Queen Elizabeth Drive
P O Box 2100
Government Buildings
SUVA, Fiji

Telephone: 3100909 extensions 1076, 1078 or 1079

This Form should be completed and sent to:

**The Manager,
Indigenous Affairs Scholarship Unit,
Department of Indigenous Affairs
P O Box 2100,
Government Buildings
Suva.**

FORM D

**SCHOLARSHIP APPLICATION
FOR FOUNDATION & FORM SEVEN STUDIES**

NAME: _____

SCHOOL: _____

STAPLE PHOTO HERE

Be sure that your name is on the back of the photo

FORM D – FOUNDATION & FORM 7 SCHOLARSHIPS

FORM OF APPLICATION FOR FOUNDATION & FORM SEVEN STUDIES SCHOLARSHIP

INSTRUCTIONS

Each candidate is to complete this form to be written legibly in ink. The following documents **MUST** be submitted with this form:

- (i) Certified copies of the results of external examinations taken at Secondary/Tertiary/University level institutions.
- (ii) One certified copy only of your Birth Certificate (full extract) or Statutory Declaration confirming date of birth.
- (iii) A recent Passport size photograph stapled [**not glued**] to the space provided above.
- (iv) Completed Department of Indigenous Affairs Scholarship Declaration

TYPE OF SCHOLARSHIP: Full Time Augmented Foundation (USP)

Form Seven Studies

[Please tick only one box]

1. Surname/Family Name _____

Other Names _____

(block letters)

2. Sex: _____

3. Place of Birth _____

4. Date of Birth _____

Day / Month/Year

5 (a) Village _____ (b) Mataqali _____ (c) Yavusa: _____

(d) Tikina _____ (e) Yasana: _____

6. Present Residential Address: _____

7.(a) Present Postal Address : _____

(b) Phone Number: _____ (c). Email _____

8.(a) Name of Father: _____ (b) Occupation: _____

(c) Home Address of Father: _____

9. EDUCATION/TRAINING RECORD: Complete the following for each year you attended Secondary School from Form 6

(a)

FIJI SCHOOL LEAVING CERTIFICATE			FORM 7/FOUNDATION STUDIES			ANY OTHER QUALIFICATION & YEAR OBTAINED
School: _____			School : _____			
Subjects Taken	Results Yr____	Results Yr____	Subjects Taken	Results Yr____	Results Yr____	
Total of English & 3 BEST subjects: _____			Total of English & 3 BEST subjects: _____			

10.(a) Have you previously been offered a scholarship ? _____

(b) If yes, Name of Scholarship Award?

(i) _____

(ii) _____

(iii) _____

(c) **Programme Pursued:**

(i) _____ Years: From ____ to ____

(ii) _____ Years: From ____ to ____

(iii) _____ Years: From ____ to ____

(d) **Name of Institution:**

(i) _____ Country: _____

(ii) _____ Country: _____

(iii) _____ Country: _____

11. Are you currently serving a bond? _____

12. Is there any other member of your immediate family currently a recipient of a Ministry of Fijian Affairs Scholarship? **Yes/No** (please circle appropriate answer)

If **Yes**, Please state name, course & institution: _____

13. Any other information, which you consider relevant to this application?

Applicants Signature

Date

Department of Indigenous Affairs - Scholarship Declaration

To be completed and signed by the applicant for a Department of Indigenous Affairs funded scholarship for local studies.

I _____ of _____

Do solemnly and sincerely declare that

1. The information provided by me in my scholarship application is accurate to the best of my knowledge and I acknowledge that the supply of incomplete or false information could result in the termination or withdrawal of the aforesaid scholarship.
2. I hereby authorize the Department of Indigenous Affairs, hereinafter referred to as "Department", or its agents, access to any information relevant to the granting and tenure of the scholarship.
3. If accepted for the Department Scholarship, I:
 - a. obey the laws of the host country and conduct myself accordingly
 - b. agree to undertake my approved course of study as per the terms of the scholarship
 - c. agree to achieve adequate progress in my studies in accordance with the standards set by the Department and the institution in which I would be enrolled
 - d. will assist with such evaluation of my scholarship as may be required
4. I accept that if I do not comply with any of the conditions of clause 3 above, that my scholarship may be terminated or withdrawn.
5. I undertake that on completion of the tenure of the scholarship I shall return to Fiji.
6. I make this solemn declaration conscientiously believing the same to be true by virtue of the Statutory Declarations Act 1970.

Declared at _____
 This _____ day of _____
 20_____
 before me and I certify that the declaration was read over and explained in the _____ language to the declarant who appeared fully to understand the meaning thereof.

.....
 (Scholarship Applicant)

_____ Signature
 Full Name of Witness *

Position/Occupation: _____ Date: _____

Full Address: _____

One of the following should witness this document: Justice of Peace, Public Officers of or above the level of Administrator Officer, Magistrate, Barrister and Solicitor, Minister of Religion, Education Officer, Member of Town or Provincial Council.