

**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 F**

**SCHOLARSHIP APPLICATION**  
**FOR COURSES AVAILABLE IN OTHER LOCAL  
INSTITUTIONS APART FROM USP, FSM, FIT & FORM 7**

**NAME:** \_\_\_\_\_

**Name of Institution Applying to:** \_\_\_\_\_

**STAPLE PHOTO HERE**

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

**FORM F**

**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

**LEVEL OF PROGRAMME TO BE PURSUED** [Tick the appropriate box]

Diploma  Degree  Postgraduate  Masters

**PROGRAMME APPLYING FOR AS ADVERTISED:** (eg. Certificate/Trade Certificate/Diploma etc)

**1<sup>st</sup> Choice- Programme** \_\_\_\_\_ **Major:** \_\_\_\_\_

**2<sup>nd</sup> Choice- Programme** \_\_\_\_\_ **Major:** \_\_\_\_\_

**Note :** **INCOMPLETE** and **LATE** applications will **NOT** be considered.

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 (a) Marital Status \_\_\_\_\_ (b) If married, full name of Spouse: \_\_\_\_\_

\_\_\_\_\_

(c) Number of Children : \_\_\_\_\_ (d) Occupation of Spouse \_\_\_\_\_

7. Present Residential Address: \_\_\_\_\_

\_\_\_\_\_

8. (a) Present Postal Address : \_\_\_\_\_

\_\_\_\_\_ (b) Phone Number: \_\_\_\_\_

(c) Email: \_\_\_\_\_

9. (a) Name of Father: \_\_\_\_\_ (b) Occupation: \_\_\_\_\_

(c) Home Address of Father: \_\_\_\_\_

10. **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 _____ |   |
|  |                  |                  |  |                  |                  |   |
|  |                  |                  |  |                  |                  |   |
|  |                  |                  |  |                  |                  |   |
|  |                  |                  |  |                  |                  |   |
|  |                  |                  |  |                  |                  |   |
|  |                  |                  |  |                  |                  |   |
|  |                  |                  |  |                  |                  |   |
|  |                  |                  |  |                  |                  |   |
| <b>Total of English &amp; 3</b><br><b>BEST subjects: _____</b> |                  |                  | <b>Total of English &amp; 3</b><br><b>BEST subjects: _____</b> |                  |                  |   |

| <b>Course</b> | <b>Institution &amp; Country</b> | <b>Duration [From to]</b> | <b>Certificate Gained</b> |
|---------------|----------------------------------|---------------------------|---------------------------|
|               |                                  |                           |                           |
|               |                                  |                           |                           |
|               |                                  |                           |                           |
|               |                                  |                           |                           |
|               |                                  |                           |                           |
|               |                                  |                           |                           |

(c) If you are attending or have attended a University Course other than the Foundation Year programme, please state the;

(i) Name of University: \_\_\_\_\_

(ii) Programme: \_\_\_\_\_ Year commenced: \_\_\_\_\_

Year completed: \_\_\_\_\_

(iii) Details of academic results:-

| <b>Courses or Subjects taken</b> | <b>Year</b> | <b>Grades obtained</b> |
|----------------------------------|-------------|------------------------|
|                                  |             |                        |
|                                  |             |                        |
|                                  |             |                        |
|                                  |             |                        |
|                                  |             |                        |

[If the above space is inadequate, attach a separate sheet]

11. **WORK EXPERIENCE** (for the past 10 years including year of application)

| Employer | Post | Duration-Give Dates |    |
|----------|------|---------------------|----|
|          |      | From                | To |
|          |      |                     |    |
|          |      |                     |    |
|          |      |                     |    |
|          |      |                     |    |
|          |      |                     |    |

12. Current Occupation \_\_\_\_\_

13. (a) If Civil Servant, date of joining the Service? \_\_\_\_\_

(b) Confirmed in appointment? Yes/No

14.(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: \_\_\_\_\_

15. Are you currently serving a bond? \_\_\_\_\_



**Confidential: To be completed and sent by the Employer.**

### **Employer's Assessment**

18. (a) In your opinion, is the applicant academically capable of pursuing the Course?

[Yes/No] If "NO", Why? \_\_\_\_\_

\_\_\_\_\_

(b) In which way would this Course satisfy your manpower need?

\_\_\_\_\_

\_\_\_\_\_

(c) In what way will this training assist the person in his career development?

\_\_\_\_\_

\_\_\_\_\_

(d) Would you recommend him for leave with salary/without salary for the duration of the Course?

\_\_\_\_\_

19. (a) Name and Signature of Employer: \_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Job Title)

(b) Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number : \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
**Employer / Company stamp**

20. Additional Comments [If any]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 Ministry 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)

\_\_\_\_\_ Full Name of Witness \*

\_\_\_\_\_ Signature

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.**