

**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 1069, 1072 or 1073

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 A

**SCHOLARSHIP APPLICATION
FOR OVERSEAS STUDIES**

NAME: _____

APPLICATION FOR OVERSEAS SCHOLARSHIP INSTRUCTIONS**STAPLE PHOTO
HERE**

Each candidate is to complete this form by writing legibly in ink.

The following documents **MUST** be submitted with this form:

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

- (i) Certified copies of external examinations results taken at Secondary/Tertiary level institutions.
- (ii) One certified copy 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

[Please tick the appropriate box]

TYPE OF SCHOLARSHIP: Full Time Part Time On-line

LEVEL OF PROGRAMME TO BE PURSUED

Undergraduate PG Masters PhD

PROGRAMME APPLYING FOR AS ADVERTISED:

1st Choice- Programme _____ **Major/s:** _____

2nd Choice- Programme _____ **Major/s:** _____

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

1. Surname/Family Name _____ Other Names [Block letters] _____

2. Gender _____ 3. Place of Birth _____ 4. Date of Birth _____

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) Mobile Number _____ (d) Religion _____

(e) Email address _____

9. (a) Name of Father/Mother: _____ (b) Occupation: _____

(c) Home Address of Father/Mother: _____

10. **ACADEMIC RECORD:** Form 6, Form 7 or Foundation studies.

(a) Secondary School (Form 6)

FIJI SCHOOL LEAVING CERTIFICATE		
SCHOOL: _____		
Subjects taken	Results Yr _____	Results Yr _____
Total of English & best 3 _____		

(b) Post Secondary (Form 7/Foundation)

FIJI SEVENTH FORM/FOUNDATION		
SCHOOL: _____		
Subjects/Units Taken	Results Yr _____	Results Yr _____
Form 7: Total of English & best 3 _____		
Foundation : GPA _____		

(c) Training Record:

Course	Institution & Country	Duration [From-To]	Certificate Gained

(d) Tertiary

If you are attending or have attended a tertiary institution other than the Foundation Year programme, please state the:

(i) Name of University: _____

(ii) Programme: _____ Year commenced: _____

Year completed: _____

(iii) Attach your full academic transcript(s).

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) _____

(c) **Programme Pursued:**

(i) _____ Years: From ____ to ____

(ii) _____ Years: From ____ to ____

(d) **Name of Institution:**

(i) _____ Country: _____

(ii) _____ Country: _____

15. Are you currently serving a bond? _____

16. Is any other member of your immediate family a current recipient of a Ministry of Indigenous Affairs Scholarship? **Yes/No** (please circle appropriate answer)

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

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

Applicant's Signature

Date

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 Course 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 Overseas 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 scholarship.
2. I hereby authorize the Department of Indigenous Affairs (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. will 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, 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.