



APPLICATION NUMBER	
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FOR OFFICIAL USE ONLY

## APPLICATION FOR EDUCATION ASSISTANCE

PLEASE SEND YOUR APPLICATION TO PO BOX 14862, SUVA OR HAND DELIVER TO  
LEVEL 7, FNPf PLACE, SUVA

PLEASE PRINT CLEARLY

ANY QUERIES PLEASE CONTACT DAPHNE OR LUISA ON 773 8890 or 773 8891

CLOSING DATE FOR SEMESTER ONE 2017 – FRIDAY, 24<sup>th</sup> FEBRUARY 2017

SEMESTER	CALENDAR YEAR
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### PART A: PERSONAL INFORMATION

FULL NAME	DATE OF BIRTH
RESIDENTIAL ADDRESS	POSTAL ADDRESS
EMAIL ADDRESS	PHONE CONTACT
MATAQALI/VILLAGE	

### PART B: TERTIARY/SECONDARY SCHOOL INFORMATION

NAME OF INSTITUTE/SECONDARY SCHOOL	STUDENT ID
INVOICE NUMBER	REQUESTED AMOUNT
PROGRAM	STAGE/SEMESTER AND ACADEMIC YEAR
NUMBER OF UNITS COMPLETED	NUMBER OF UNITS TO BE COMPLETED

### PART C: PLEASE ATTACH THE FOLLOWING MANDATORY DOCUMENTS WITH YOUR APPLICATION

<input type="checkbox"/> OFFICIAL INVOICE FROM THE INSTITUTE	<input type="checkbox"/> LATEST ACADEMIC RESULTS
<input type="checkbox"/> BIRTH CERTIFICATE ( <i>for new applicants</i> )	

**PART C (CONT'D): PLEASE ATTACH THE FOLLOWING MANDATORY DOCUMENTS WITH YOUR APPLICATION**

PLEASE CONFIRM IF SPONSORED IN SEMESTER TWO 2016 - YES / NO

IF YES TO ANSWER ABOVE, PLEASE ADVISE INSTITUTION FOR WHICH YOUR FEES WERE PAID \_\_\_\_\_

**PART E: APPLICANT'S DECLARATION AND SIGNATURE**

I ..... Of ..... do declare that the information provided in my application is accurate to the best of my knowledge and I acknowledge that incorrect or incomplete information may result in the termination or withdrawal of any assistance provided to me.

SIGNATURE

DATE

**NOTE: FILLING OUT THIS APPLICATION FORM DOES NOT GUARANTEE YOU EDUCATION ASSISTANCE FOR THE SEMESTER.**

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**COMMENTS FROM SELECTION COMMITTEE**

REVIEWER'S SIGNATURE AND DATE

APPROVED FOR PAYMENT

YES

NO

**PAYMENT DETAILS**

DATE OF PAYMENT

CHEQUE NUMBER

LOCATION OF PAYMENT

AMOUNT PAID