



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 2016 – 8TH FEBRUARY 2016

SEMESTER	CALENDAR YEAR
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PART A: PERSONAL INFORMATION

FULL NAME

DATE OF BIRTH

RESIDENTIAL ADDRESS

POSTAL ADDRESS

EMAIL ADDRESS

PHONE CONTACT

FATHER'S NAME OR MOTHER'S NAME IF VASU

VILLAGE OR MOTHER'S VILLAGE IF VASU

MATAQALI OR MOTHER'S MATAQALI IF VASU

TIKINA OR MOTHER'S TIKINA IF VASU

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☐ OFFICIAL INVOICE FROM THE INSTITUTE☐ LATEST ACADEMIC RESULTS☐ BIRTH CERTIFICATE (*for new applicants*)☐ LETTER FROM THE TURAGA-NI-KORO (*for new applicants with "vasu" links*)

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

☐ PLEASE CONFIRM IF SPONSORED IN SEMESTER ONE 2016 - YES / NO

☐ IF YES TO ANSWER ABOVE, PLEASE ADVISE INSTITUTION FOR WHICH YOUR FEES WERE PAID _____

PART D: RECOMMENDATION ON APPLICATION (TNLC, TURAGA NI KORO, PROVINCIAL COUNCIL) – *OPTIONAL BUT RECOMMENDED*

REPRESENTATIVE'S NAME & TITLE

ORGANISATION

COMMENTS

SIGNATURE

DATE

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 <input type="checkbox"/> YES <input type="checkbox"/> NO	
PAYMENT DETAILS			
DATE OF PAYMENT	CHEQUE NUMBER	LOCATION OF PAYMENT	AMOUNT PAID