	STUDENT ID NUMBER							
(FNÙ FIJI NATIONAL UNI								
ox 7222 Nasinu FUI. Telephone: (679)339 4000/(679)338	 ,,							



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QP-DAS-SAS-21-23

FIJI NATIONAL UNIVERSITY STUDENT BURSARY SCHEME APPLICATION FORM

Please complete All sections of this form.	Please use block letters.	Tick boxes where appropriate

ease complete All sections of	this form.	Please use block letters.	Tio	ck boxes where appropria	te
A. PERSONAL DETAIL	 S				
Title (e.g. Ms, Mr)					
Surname					
Other Names					
Date of Birth					
Nationality					
Address of Corresponding Email Address	ondence				
		/Lloma\	(1)(0)	hila\	
Telephone		(Home)	(Mo	ullej	
3. APPLICATION DETA					
(This was issued					
Title of Degree P					
applie					
(e.g. BA					
Have you enrolled		Yes		No	
C. ACADEMIC HISTOR	RY				
Plea		High School and Unive			eved.
Plea Name of School/	Name of your	High School and University Subject Studied	Overall	qualifications achi	eved.
Plea Name of School/ University/ Other					eved.
Plea Name of School/ University/ Other 1.	Name of your		Overall		eved.
Plea Name of School/ University/ Other	Name of your		Overall		eved.

Issue Date: ____/___22

Rev. No. 00

D. PROGRAMME OF STUDY
In 200 words describe why you are passionate about the programme you have chosen to study.
(Limit: 200 Words)

E. Provide verified evidence of family income of no more than FJD \$30,000 per year. In any absence of evidence, a statutory declaration must be submitted.						
F. DECLARATION						
I have never been convicted of a criminal offence (A police clearance will be required if you are selected for an award)						
I am in good health (A medical clearance would be required if you are selected for an award)						
I declare that all information provided in this document is accurate to the best of my knowledge.						
Signature of Applicant: Date:						
(You may type in your name if you do not have an electronic signature)						