

**Adi Samanunu Cakobau Talakuli  
Scholarship Fund 2025**

**SCHOLARSHIP APPLICATION  
FOR  
UNIVERSITY OF THE SOUTH PACIFIC / FIJI NATIONAL  
UNIVERSITY / FULTON COLLEGE / UNIVERSITY OF FIJI /  
REGISTERED TECHNICAL COLLEGES**

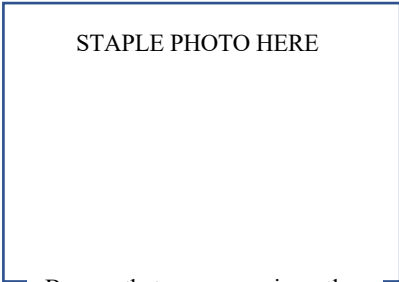
NAME: \_\_\_\_\_

**INSTRUCTIONS**

Each candidate is to complete this form to be written legibly in ink. The following documents **MUST** be submitted with this form:

- (i) The official letter of admission to the tertiary Institution.
- (ii) Certified copies of the results of external examinations taken at Secondary/Tertiary/University level institutions.
- (iii) A certified true-copy only of your Birth Certificate.
- (iv) A recent Passport size photograph stapled [not glued] to the space provided below.
- (v) Provide two reference letters from people who know you well in terms of academic abilities, community volunteerism and character for example from teacher or church minister/turaga ni koro.

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



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

**Course of Study Pursued in 2025**

1st Choice- Programme \_\_\_\_\_ Major/s: \_\_\_\_\_

2nd Choice- Programme \_\_\_\_\_ Major/s: \_\_\_\_\_

**Level of Program to be pursued?**

Undergrad  Postgrad  Registered Technical College

(Please tick the appropriate box)

This application form must be completed and hand delivered to the office of:

University of the South Pacific (Laucala Campus)  
School of Law & Social Sciences  
General Office Level 2 FBE Building  
Attention: Vasenai Sikinairai

OFFICE USE ONLY
Receiving Agent Signature: _____

1. It must be completed by February 7<sup>th</sup>, 2025.

**PLEASE COMPLETE THIS APPLICATION FORM THOROUGHLY:**

1. Surname/Family Name Other Names

\_\_\_\_\_ (block letters)

2. Gender: \_\_\_\_\_ 3. Place of Birth \_\_\_\_\_ 4. Date of Birth \_\_\_\_\_  
Day / Month/Year

5 (a) Koro \_\_\_\_\_ (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 contact: \_\_\_\_\_

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

(c) Father's Employer and Contact Phone/Email:  
\_\_\_\_\_

10. (a) Name of Mother: \_\_\_\_\_ (b) Occupation: \_\_\_\_\_

(c) Mothers's Employer and Contact Phone/Email:

\_\_\_\_\_

**11. WORK EXPERIENCE** (for the past 5 years including year of application)

<b>Employer</b>	<b>Post</b>	<b>Date from</b>	<b>Date to</b>

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

13. Are you currently on scholarship? Yes  No

(If Yes, name of scholarship award) \_\_\_\_\_

**14. EDUCATION/TRAINING RECORD:** Complete the following for each year you attended

<p><b>FORM 7/FOUNDATION STUDIES</b></p> <p>School: _____</p>	<p><b>ANY OTHER QUALIFICATION &amp; YEAR OBTAINED</b></p>
--	---

Subjects Taken	Results Yr _____	Results Yr _____	
<b>Total of English &amp; 3</b>			
<b>Best Subjects: _____</b>			

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: \_\_\_\_\_



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 Tailevu-USA Scholarship committee, or its agents, access to any information relevant to the granting and tenure of the scholarship.
3. If accepted for the Adi Samanunu Cakobau Talakuli Scholarship, I will:
  - a. obey the laws of our 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 Tailevu-USA Scholarship committee and the institution in which I would be enrolled in
  - d. 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 make this solemn declaration conscientiously believing the same to be true.

Declared at \_\_\_\_\_  
This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Before me and I certify that the declaration was read over and explained 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, Magistrate, Barrister and Solicitor, Senior Pastor, Education Officer, Member of Town or Provincial Council.**