



Tertiary **Scholarships**  
& **Loans** Service  
Empowering Fiji's Future

**APPLICATION FORM FOR SCHOLARSHIP SCHEME FOR STUDENTS WITH SPECIAL NEEDS ("SSSN")**

**A. PERSONAL DETAILS**

<b>Title: Mr/Ms/Miss</b>		<b>TIN Number:</b>	
<b>Surname :</b>		<b>Passport Number:</b>	
<b>First Name:</b>		<b>Postal Address:</b>	
<b>Other Name(s):</b>		<b>Email:</b>	
<b>Residential Address:</b>		<b>Phone Contact (Home):</b>	
<b>Country of Citizenship:</b>		<b>Province:</b>	
<b>Date of Birth(D/M/Y):</b>		<b>Mobile Contact:</b>	
<b>District:</b>		<b>Bank Name:</b>	
<b>Birth Registration No:</b>		<b>Active Bank Account/M-Paisa NO:</b>	
<b>Parents/Guardian's Name:</b>		<b>Parents/Guardian's Contact:</b>	

**B. PROGRAMME OF STUDY**

	<b>INSTITUTION</b>	<b>PROGRAMME OF STUDY</b>	<b>CAMPUS</b>
<b>First Choice</b>			
<b>Second Choice</b>			
<b>Third Choice</b>			

**C. HIGHEST ACADEMIC QUALIFICATION**

<b>Institution</b>				
<b>Examination Name</b>				
<b>Year Completed</b>				
<b>Index No:</b>				
	<b>Subject</b>	<b>Marks</b>	<b>Subject</b>	<b>Marks</b>
<b>Total Marks (English + best 3 subjects)</b>				

**D. Medical History (Provide Details of your medical conditions that makes you eligible for this scheme)**

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**E. ACCEPTANCE BY INSTITUTION (As an Option, Applicants can attach institutions final offer letter)**

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The Institution has assessed the application of (Name) ..... for the programme (Specify) ..... at (Institution Name) ..... and has **approved/disapproved** the application. The total duration of the programme is ..... years and the total cost is .....

Name:..... Designation: .....

Date:..... Official Stamp:.....

**F. DOCUMENTS TO BE ATTACHED**

<b>1. Birth Certificate</b>	<input type="checkbox"/>	<b>2. TIN Letter</b>	<input type="checkbox"/>	<b>3. Academic Results</b>	<input type="checkbox"/>
<b>4. Medical Report</b>	<input type="checkbox"/>	<b>5. Final Offer Letter</b>	<input type="checkbox"/>	<b>6. Bank Statement under applicants Name (Active Account)</b>	<input type="checkbox"/>

**G. APPLICANTS DECLARATION**

The information provided in my application is, to the best of my knowledge, complete and accurate, and I understand that false statements on this application will disqualify me from the scheme and can result in the termination of the application and referral of the matter to appropriate authorities for further investigation and action. I also understand and accept that TSLS reserves the right to seek any additional information in relation to my application. I have also read and fully understood the terms and conditions of this application as stated in the Schemes Regulations and Policies available on the TSLS website [www.tsls.com.fj](http://www.tsls.com.fj).

<b>Applicants Name:</b>	<b>Applicants Signature:</b>	<b>Date</b>
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**H. For Office Use Only**

The application has been approved	Yes		NO	
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**Comments:**

TSLS Officer: ..... Date:.....  
 Head- Higher Education Qualifications:..... Date:.....

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