



Tuition Only Hardship Assistance Application Form

A. Instruction

1. Applicants must fill this fillable PDF form with the required information and submit along with the listed documents.
2. Incomplete and late applications will not be assessed by TSLS. Applicants must strictly adhere to the set due dates and liaise with the Higher Education Institutions (HEI) for requirements where necessary.
3. The duly completed form must be emailed to hardshipassistance@tsls.com.fj.

B. Eligibility Criteria

The applicant must:

1. be a Fiji citizen.
2. be ordinarily resident in Fiji for at least three (3) years before the award commencement date unless determined by the Board or delegated authority on case-by-case basis.
3. be a 02nd year onward student with cumulative GPA equivalent to 65% of the total grade point.
4. be enrolled for a Higher Education Level 7 programmes at an eligible higher education institution.
5. not have a combined parental income or business net worth of more than \$100,000 unless allowed by means testing.

C. Personal Details

Title		TIN Number	
First Name		Student ID Number	
Middle Name		Surname	
Phone Contact		Alternative Contact	
Email Address		Residential Address	

D. Academic Details

Programme Name		Major 1	
Major 2		Minor	
Institution Name		Campus	
Cummulative GPA			

E. Required Documents

No.	Description	Tick
1	A certified copy of the Birth Certificate	
2	A certified copy of the TIN Card/Joint Letter	
3	A certified copy of the Student ID Card	
4	A copy of the University final offer letter	
5	A copy of Official Academic Transcript	
6	Programme Audit indicating completion of 1 year of studies on full academic load.	
7	A copy of active enrolment with the University	
8	Parents/ Gurdians Payslip or Statutory Declaration	

F. Applicant Declaration

The information provided in my application is, to the best of my knowledge, complete and accurate, and I understand that provision of false information in this application will disqualify me from the scheme. I also understand that TSLS reserves the right to seek any additional information deemed necessary for the purpose of assessing this application.

Applicant Name:	Signature:	Date:
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A. For Official Use Only

The application has been Approved Declined

TSLS Authorised Officer Name: **Signature:** **Date:**