

GOVERNMENT OF SAMOA MINISTRY OF EDUCATION, SPORTS & CULTURE

Form A – All New Students Teachers Development Advisory Division

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SECTION A: PERSONAL DETAILS				
First Name:	Last Name:			
Gender:	Male:	Female:	_ Nonecod	
Date of Birth:	Date:	Month:	Year:	
Contact Phone Number:				SO A TORREST OF THE STATE OF
Email Address:				
Village:				
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SECTION B: EDUCATION BACKGROUND				
B.1 Applicant has <u>completed Year 13</u> only, must complete the following:				
School / College	Qualifi	Qualification		Year
B.2 Applicant has <u>not completed Year 13</u> or a <u>Matured Applicant</u> must complete the following:				
School/ College Qualifica		cation		Year
SECTION C: COURSE OF STUDY (please specify below)				
FOUNDATION of:		Year:	1 2 3 4	(please circle the year)
BACHELOR of:		Year:	1 2 3 4	(please circle the year)
Which school level do you intend to teach? ECE PRIMARY SECONDARY (tick one answer only)				SECONDARY
Are you applying for a Sponsorship elsewhere? NO YES				
If YES, Where?				
SECTION D: DECLARATION				
I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in cancelation of an opportunity to gain a scholarship from the Ministry of Education Sports and Culture.				
Signature:		Dat	e:	
APPLICANT MUST SUBMIT THE FOLLOWING: 1. Letter of Application from the applicant 2. Certified Copy of Previous Results and Qualifications 3. Certified Copy of Birth Certificate Case Officer:				
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DEADLINE – 26TH JUNE 2020 LATE APPLICATION WILL NOT BE ACCEPTED

For more information please contact Teachers Development and Advisory Division on Phone: 64601