



## GOVERNMENT OF SAMOA MINISTRY OF EDUCATION, SPORTS & CULTURE

**Teachers Development Advisory Division** 

| ALL SECTIONS ARE COMPULSORY AND PLEASE WRITE CLEARLY  |        |                             |           |               |  |  |
|---|--------|-----------------------------|-----------|---------------|--|--|
| SECTION A: PERSONAL DETAILS   |        |                             |           |               |  |  |
| First Name:   |        | Las                         | st Name:  |               |  |  |
|   | Male:  |                             | nale:     | ( $$ ) tick ( | the appropriate box                        |  |
| Date of Birth:  | Date:  | Month:                      | Year:     | A             | lge:                                       |  |
| <b>A</b>  | Samoan |                             | Other (pl | lease name)   |  |  |
| Contact Phone Number:   |        |                             |           |               |  |  |
| Email Address:  |        |                             |           |               |  |  |
| Village:  |        |                             |           |               |  |  |
| SECTION B: EDUCATION BACKGROUND   |        |                             |           |               |  |  |
| B.1: Teacher who is currently teaching, must complete the following:<br>(Attach Certified Copies of Academic Qualifications/Results listed) |        |                             |           |               |  |  |
| Most Highest Qualif   |        | School / College/University |           | rsity         | Year completed                             |  |
|   |        |                             |           |               |  |  |
|   |        |                             |           |               |  |  |
| SECTION C: EMPLOYMENT / TEACHING BACKGROUND   |        |                             |           |               |  |  |
| C.1: What Level do you currently teach? (tick one only)   |        |                             |           |               |  |  |
| ECE LEVEL PRIMARY LEVEL SECONDARY LEVEL   |        |                             |           |               |  |  |
| C.2: Are you currently teaching at a <i>(tick one only)</i>   |        |                             |           |               |  |  |
| MISSION SCHOOL PRIVATE SCHOOL GOVERNMENT SCHOOL   |        |                             |           |               |  |  |
| C.3: NAME OF SCHOOL YO<br>TEACH?  |        |                             |           |               | 'S DO YOU TEACH IF YOU<br>RY TEACHER ONLY? |  |
| -   |        |                             |           |               |  |  |
| (Attach Support Letter from the current School Principal )  |        |                             |           |               |  |  |
| CECTION D. COMPLIE CODY DROCD AMME OF CTUDY   |        |                             |           |               |  |  |
| SECTION D: COMPULSORY PROGRAMME OF STUDY  |        |                             |           |               |  |  |
| D.1: Select your programme of study (tick one only)   |        |                             |           |               |  |  |
| Bachelor of Education ECE (BEd – ECE) Bachelor of Education Primary (BEd - Pri)   |        |                             |           |               |  |  |
| Graduate Diploma in Education (GDE)   |        |                             |           |               |  |  |
| Teachers with Bachelor Degrees in Education (ECE, Primary, Secondary) are not eligible to apply.  |        |                             |           |               |  |  |
| D.2: Are you re-applying for MESC Sponsorship? NO YES YES   |        |                             |           |               |  |  |
| If, YES, please state the year and semester you were last sponsored below.  |        |                             |           |               |  |  |
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## **SECTION E: PERSONAL STATEMENT**

| Please it is a must to write your personal statement on the topic the following space provided. The statement must be handwritte words and must be your own work.  |                 |  |  |  |  |
|--|-----------------|--|--|--|--|
| words and <b>must be your own work</b> .   |                 |  |  |  |  |
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| SECTION F: DECLARATION   |                 |  |  |  |  |
| I certify that my answers are true and complete to the best of my knowledge. I understand that false<br>or misleading information in my application or interview may result in cancellation of an opportunity<br>to gain a scholarship from the Ministry of Education Sports and Culture.  |                 |  |  |  |  |
| Signature:   | Date:           |  |  |  |  |
|  |                 |  |  |  |  |
| <ul> <li>APPLICANT MUST SUBMIT THE FOLLOWING DOCUMENTS:</li> <li>1. Completed and signed Application Form B1</li> <li>2. Application letter address to the CEO-MESC</li> <li>3. Certified Copies of Qualifications listed in Section B1</li> <li>4. Support Letter from current School Principal as per Section C</li> <li>5. Certified Copy of Birth Certificate or Valid Passport</li> </ul> | OFFICE USE ONLY |  |  |  |  |
| FAILURE TO SUBMIT/ATTACH ANY OF THE ABOVE DOCUMENTS MAY<br>DISQUALIFY YOUR APPLICATION.  | Case Officer:   |  |  |  |  |
| DEADLINE – 22 JUNE 2023 @5PM<br>WHERE TO SUBMIT APPLICATION (UPOLU – MESC OFFICE MALIFA) & (SAVAII – LIBRARY SALELOLOGA)<br>LATE APPLICATION, INCOMPLETE APPLICATION & INCORRECT APPLICATION WILL NOT BE ACCEPTED<br>PLEASE NOTE IT IS YOUR RESPONSIBILITY TO CHECK THE OUTCOME OF YOUR APPLICATION<br>@ 1st –2nd WEEK OF JULY 2023 @ MESC   |                 |  |  |  |  |
| For more information please contact Teachers Development and Advisory Division on Phone: 64601   |                 |  |  |  |  |

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