



FIJI NATIONAL
UNIVERSITY

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OFFICE OF THE REGISTRAR

STUDENT FINANCIAL AID PROGRAM (SFA) APPLICATION GUIDE

DOCUMENTS REQUIRED

Students applying for Student Financial Aid Program need to attach with the SFA Application (Form 1) and Household Verification form (SFA Form 2) the following relevant documents:

- 1- One Passport Size Photo
- 2- Updated Curriculum Vitae
- 3- Tin letter
- 4- Fees Invoice
- 5- Birth Certificate
- 6- FNPF Number
- 7- Parents and Guardians Wages Slips
- 8- Approved Payment Plan Application from Finance Department for those who have outstanding fees in their account.

Email completed SFA Form 1 and SFA Form 2 with relevant documents to Office of the Registrar on email: studentfinancialaid@fnu.ac.fj



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OFFICE OF THE REGISTRAR SFA APPLICATION FORM 1

PERSONAL DETAILS

Full Name: _____ FNU Student ID: _____

Date of Birth: _____ Tax Identification Number (TIN): _____

Citizenship (as in passport): _____ FNPF ID No: _____

Residential Address: _____

Postal Address: _____

Contacts: (Telephone): _____ Mobile: _____

Email: Student Official Email : _____

ACADEMIC STATUS

Current Status (Tick) Full Time Part Time

College: _____

Campus: _____ Programme: _____

Number of semesters left to graduate: _____ graduate

Do you have any outstanding fees? Tick One Yes No

DECLARATION

I _____, hereby confirm the above information to be true to my utmost knowledge and no part is false.



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OFFICE OF THE REGISTRAR SFA FORM 2 Household Verification

1. PERSONAL DETAILS

Full Name (as in BC): _____

Student ID No: _____ FNP ID No: _____ Date of Birth: _____

2. GENERAL *(Please complete only if you are living in an informal settlement, otherwise move to item No.4):*

Name of Informal Settlement: _____ House No: _____

How long have you been staying in the settlement? (Tick one)

2 Years 2-5 Years 5-10 Years Above 10 Years

3. CURRENT FAMILY DATA *(include all family/extended family members living with you)*

Name	Age	Occupation	Marital status	Gender

4. FINANCIAL STATUS: *(include all members of the household who are employed and attach pay slip(s))*

Name	Employer	Salary / Wages per Month	Expenses per month	Surplus per month

5. HOUSING DETAILS

Are you paying any rent? Yes No

Name	Address and contact of owner	Amount Paid

6. BREAKDOWN OF MONTHLY EXPENSES

ITEMS	COSTS
Payments on Hire Purchase	
Rent Payment (if Renting)	
Groceries	
Bills (Electricity and Water)	
Transportation	
School Expenses	
Donation / Elderly Support	
Other Expenses	
Total Expenses	

7. OTHER INCOME

Do you receive any form of assistance? Yes No
From Who? _____ Amount: _____

8. Provide any other information that will assist SFAO assess your application

9. DECLARATION

Applicant's signature: _____ Witness signature: _____
Name: _____ Witness name: _____
Address: _____ Address: _____
Date: _____ Date: _____

- 1. Applicants are to affix their signatures in their own writing when making the declaration.
- 2. The witness should be either a Justice of Peace or Magistrate or Barrister or Solicitor.
- 3. A copy of the most recent pay slip/salary advice should be attached. (Student/ Parent/ Guardian)

WITNESS STAMP

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