



# MRDC 2023 SCHOLARSHIP APPLICATION FORM

## 1. APPLICANT INFORMATION

Name of Project Impacted Area: .....

Surname: ..... First Name: ..... Gender: ☐ Male ☐ Female  
(Please tick one)

Date of Birth: ..... / ..... / ..... Place of Origin: ..... Village: .....

Tribe/Clan: ..... ILG: .....

Postal Address: ..... Mobile No: .....

Emergency Contact Person: ..... Relationship: ..... Mobile No: .....

## 2. EDUCATION COMPLETED

|                  | Name of Institution | Year | Qualification Attained |
|------------------|---------------------|------|------------------------|
| High School      |                     |      |                        |
| Secondary School |                     |      |                        |
| Others           |                     |      |                        |

Have you attached all your certificates of Educational Qualifications? ☐ Yes ☐ No (Please tick one)

## 3. DETAILS OF COURSE APPLIED FOR

|  |  |   |          |
|--|--|---|----------|
| Name of Course:  | Institution:   | Year of Study   | Location |
| Course Type (E.g. Degree, Diploma, Certificate):<br>.....<br>.....   |  |   |          |
| Have you attached:   |  |   |          |
| 1. Enrolment/Acceptance Letter<br><input type="checkbox"/> Yes <input type="checkbox"/> No (Please tick one) | 2. School/Tuition Fee Quote:<br><input type="checkbox"/> Yes <input type="checkbox"/> No (Please tick one) | 3. Have you been awarded another scholarship?<br><input type="checkbox"/> Yes <input type="checkbox"/> No (Please tick one) |          |
| If you have been awarded another scholarship, indicate what type of scholarship you were awarded             | PNG HECAS/TESAS  | OTHERS – Please specify   |          |

In a short essay, tell us more about yourself and why you think you should be given a scholarship.....  
.....  
.....  
.....

## 4. DECLARATION BY THE APPLICANT

I hereby declare that the information provided is true and correct.

I have read and understood the Terms and Conditions of the MRDC Scholarship Program.

Applicant Name: ..... Signature: ..... Date: ..... / ..... / .....

Witness Name: ..... Signature: ..... Date: ..... / ..... / .....

### Note to Applicant:

It is very important that the following recommended instructions must be followed when filling the Application Form.

- All necessary documents required must be attached with the application and submitted.
- All necessary and important information must be correctly filled on the application.
- The Chairman's name and signature must be sighted on the recommendation and declaration section of the Application Form.
- The Director must sign and endorse the Application Form.

**Application closes on the 28th of February 2023 (school leavers)**

The completed application form can be mailed or hand delivered:

- 1. **Mailed to:** The Scholarship Officer, Mineral Resources Development Company, P.O. Box 1076, Port Moresby, NCD
- 2. **Hand delivered** at the reception desk at Ground Floor, Pacific MMI Building, Downtown, Port Moresby or given to the nearest MRDC Village Liaison Officer (VLO) in your project area or;
- 3. **Emailed to:** [scholarships@mrdc.com.pg](mailto:scholarships@mrdc.com.pg)

|  |
|--|
| <b>THIS SECTION IS RESERVED FOR THE CLAN CHAIRMAN, LOCAL PASTOR / WARD COUNCILLOR REPRESENTATIVE AND DIRECTOR TO COMPLETE.</b> |
| <b>SECTION B: ENDORSEMENT</b>  |
| <b>1. RECOMMENDATION FROM THE CLAN OR ILG CHAIRMAN (Mandatory)</b>   |
| Do you support this application? <i>(Please tick one)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No             |
| If the application is not supported, please give your reason(s).....<br>.....<br>.....   |
| Clan/ILG Chairman's Name: ..... Phone: .....   |
| Signature: ..... Date: ...../...../..... Email: .....  |
| <b>2. RECOMMENDATION FROM THE LOCAL PASTOR OR WARD COUNCILOR</b>   |
| Do you support this application? <i>(Please tick one)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No             |
| If the application is not supported, please give your reason(s) .....<br>.....<br>.....  |
| Local Pastor/Ward Councilor's Name: ..... Phone: .....   |
| Signature: ..... Date: ...../...../..... Email: .....  |
| <b>3. RECOMMENDATION FROM THE SUBSIDIARY DIRECTOR</b>  |
| Do you support this application? <i>(Please tick one)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No             |
| If the application is not supported, please give your reason(s)).....<br>.....<br>.....  |
| Subsidiary Director's Name: ..... Phone: .....   |
| Signature: ..... Date: ...../...../..... Email: .....  |