



**AUTONOMOUS BOUGAINVILLE ADMINISTRATION
ABG DEPARTMENT OF EDUCATION**

**ABG - SCHOOL FEES ASSISTANCE SCHEME (SFAS)
2026 APPLICATION FORM**

This is the 2026 Application Form for the ABG School Fee Assistance Scheme (SFAS). It is the approved Form to be used to apply for school fee assistance from the Autonomous Bougainville Government.

All Bougainville Students attending Tertiary Institutions within PNG and in the Autonomous Region of Bougainville are eligible to apply.

Do take note of the important notices below:

1. Listed below are documents that **MUST** be attached with your application form.
Checklist
 - Acceptance letter or continuation letter from the institution
 - Current Student ID
 - Latest academic Transcript or for first year tertiary students: Grade 12 certificate.
 - 2026 School fee Structure for the Institution.
 - Copy of deposit slip showing amount already paid.
 - Verification Section must be signed and stamped by the respective Community Government Chairperson or Ward Member where the student is from
 - Agreement Form is signed and stamped
 - All Sections of the Application Form must be fully completed
2. The Due Date for all ABG - SFAS applications is on **6th March, 2026 at 05:06pm (bst)**.
3. Application forms submitted late will not be accepted.
4. Applications without all necessary attachments (as per checklist above) will not be considered
5. Submit the Application Form to the Executive Officer of the ABG - SFAS at the ABG Education Office or email it to buqeducationsfas@gmail.com

Ms Dorothy Kenneth
Education Secretary



Autonomous Bougainville Administration
ABG DEPARTMENT OF EDUCATION

ABG-SFAS 2026 APPLICATION FORM

SECTION A- STUDENT'S PERSONAL INFORMATION

First Name:		Father's Name	
Surname:		Occupation	
Gender:		Mothers Name	
Date of Birth:	/ /	Occupation	
AGE:		Place of Residence	
Religion		Contact Phone #	
Place of Birth:		Constituency:	
Region:		District:	
Contact Details- Phone #		Ward:(Name & No. #)	
Email:			

SECTION B- EDUCATION

Enrolment Status	Continuing student or New Intake (circle one)
Type of institution applying from (eg: University/ Nursing College / Teachers College etc	
Program (currently taking)	
Accommodation	Boarding or Day Student (circle one)
Year of Study	(Year 1, 2 ,3 or 4)
Sponsorship category	AES, HECAS, Self-Sponsor, Company Sponsorship, National MP (circle your sponsorship) Others: (specify)
Secondary School last Attended	
Grade	Year:

Mission: The ABG Department of Education is committed to excellence in education by means of strategic leadership, efficient management, and productive partnerships for effective service delivery. The Department supports inclusive learning environments conducive to quality education: from early childhood development to basic education through Grade 12 – as well as tertiary education and/or adult learning opportunities where appropriate – with skills development and vocational training forming equally important educational pathways.

SECTION C – TUITION FEES INFORMATION

Name of Institution		
Address		
Contact Details (Institution)	Phone#:	
	Email:	
Bank Details	Bank Name:	Account #:
	Acc Type:	
Full Tuition Fees	K	
Amount already paid	K (Attach Receipt)	

VERIFICATION

From Community Government Chairperson or Ward Member.

I, _____ Chairperson/Ward Member of _____ Community Government in _____ constituency, verify that the student, _____ is a citizen and a resident of _____ ward of this constituency.

Signed: _____ Date: _____ / _____ / _____
And stamped

ABG- SFAS Committee Use only

Date Received	/ /	Date Approved	/ /
Documents Attached	Yes or No	If Not approved, State reason	
Application Approved	Yes or No	Amount Payable by ABG- SFAS	K

Chairperson: _____ signature: _____ Date: _____ / _____ / _____

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AGREEMENT

Statement of Agreement between the Student and ABG Department of Education.

I, _____, declare that the information provided on my ABG- SFAS application form are true and correct; and that I will be held responsible for any false information submitted under this agreement.

I accept and agree to the terms and conditions of the ABG SFAS as per the ABG School Fees Assistance Scheme Policy 2023. Should I be in breach of the terms and conditions, I fully understand that the ABG - SFAS Steering Committee under the Department of Education, holds the right to revoke and forfeit my application.

Sign: (Student) _____ **Date:** _____ / _____ / _____

Witness Name: _____ **Date:** _____ / _____ / _____

Sign: (Witness) _____

MS DOROTHY KENNETH
Education Secretary