

THIS FORM IS <u>ONLY</u> FOR GOVERNMENT EMPLOYEES

This application may be deemed ineligible if all se	ctions are not completed. Insert "NA" in section	ns that are non-applicable.
Form 5 • Tonga Government Sch	nolarships • 2026-Intake • CE	O Acknowledgement
Applicant's Given Name/s	Applicant's Surname	
Name of Ministry	Applicant's Title	
Dates of Employment	Location of Employment	
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5 4 40 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Would you rehire this person?	
Does the Ministry support this application?		
☐ Yes ☐ No	☐ Yes	☐ No
gning this form is an acknowledgement that the of	organization is supportive of the application	n and plans for the release
CEO's Signature	CEO's Name (please print)	Date
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(Please stamp this form with your Ministry's official stamp, firmly seal it in an envelope stamp the seal of the envelope several times and return it to the applicant.)