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| Student ID Number | | | | | | |  |

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| --- | --- |
| Family Name/ Surname: | Given name(s) |



Personal Information

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| --- | --- | --- | --- | --- | --- |
| Date of Birth: | DD | MM | YYYY |  | Place of Birth: |

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| Indigenous Status: ❑ I identify as Aboriginal and / or ❑ Torres Strait Islander |
| Certificate of Aboriginality or ❑ Yes – attached ❑ No – pending ❑ No – I require advice Community Reference Attached? |

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| --- | --- |
| Telephone: | Mobile: |
| Email Address: | |
| UC Student Email Address: @uni.canberra.edu.au | |
| Postal Address: | |

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| Current Program of Study: ❑ Honours ❑ Graduate Certificate ❑ Graduate Diploma ❑ Masters (Coursework)  ❑ Masters (by Research) ❑ PhD ❑ Professional Doctorate |
| Full Title of Course: |
| Proof of Enrolment: ❑ Yes – attached  ❑ No – pending |

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| Name of Degree already achieved: ❑ Copy attached  ❑ No –Copy pending |
| Name of University: Year completed: |
| Name of Degree already achieved: ❑ Copy attached  ❑ No –Copy pending |
| Name of University: Year completed: |

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| Do you have a disability or long term medical condition which may affect your studies? ❑ No ❑ Yes (please provide brief details) |



Dependants

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| Do you live with a partner: ❑ No ❑ Yes |
| Do you have children that you support: ❑ No ❑ Yes Number of Children |
| Do you support other dependants: ❑ No ❑ Yes How many?. |
| Total number of people supported by your income, including yourself and any children |



Financial Information

|  |  |
| --- | --- |
| Are you registered with Centrelink: ❑ No ❑ Yes, | Do you have a Healthcare Card: ❑ No ❑ Yes |
| What payments do you receive from Centrelink:  ❑ Rent Assistance I usually receive $………………………… per fortnight  ❑ Other Centrelink Payments I usually receive $.................................... per fortnight | |

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| What is your partner's average fortnighlty income: $ ❑ Not Applicable |

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| Do you receive financial assistance through other scholarships/busaries: ❑ No ❑ Yes  (List the name and amount for all, include those for which you have received approval but have not yet received the funds)  Name of scholarship/bursary:……………………………………………………………………… Amount per fortnight: $.....................  Name of scholarship/bursary:……………………………………………………………………… Amount per fortnight: $……………... |

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| Are you employed: ❑ No ❑ Yes If yes, please declare your average income per fortnight: $..................................... |

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| Please add up the total payments you listed for each of the following  Centrelink $  Partner $  Scholarships/ Bursaries $  Employment $  **Average Total Fortnightly Income: $** |



Funding Requested

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| I am seeking a total of A$......................................... from the UC CIRI Scholarship Program. The purpose of the funding is to    (Insert Item Description eg. Conference Fees) $  (Insert Item Description eg. Flights) $  (Insert Item Description eg Accommodation) $  (Insert Item Description eg Meals/Incidentals) $  (Insert Item Description eg Parking) $  (Insert Item Description eg Taxis) $  Please add or delete lines as needed. If the amount required is more than $5,000 then please insert a note here stating where you will obtain the remaining funds |

Supporting Statements

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| Please outline your career and personal goals (*maximum of 300 words or 1 pa*ge): |
| Please outline how the Scholarship will assist in your study at UC and/or career path (*maximum of 300 words or 1 page*):: |

Student Declaration

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| I have read the University’s statement on privacy and the purposes for which my information will be used, available at [**www.canberra.edu.au/about-uc/policy-and-legislation/privacy**](http://www.canberra.edu.au/about-uc/policy-and-legislation/privacy)**.**  I understand that the information contained on this form and in the accompanying documents and statements will be used by the UC CIRI Executive Committee to assess my application under the UC CIRI Scholarship Program.  I agree to be bound by the statutes, poliices, guidelines and rules of the University amended from time to time and agree to pay all fees and charges directly arising from my enrolment. I consent to receiving information electronically and agree to access the correspondence of my University email account on a regular basis and to maintain current mailing address details. |

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| I have read, understood and agree to the terms and conditions of the UC CIRI Scholarship Program. |

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| In submitting this application, I declare that the information supplied on this form an din the accompanying documents and statements is complete and correct to the best of my knowledge. If any of the information is founds to be false or mislading, I accept that the University may cancel any scholarship or bursary that might be awarded to me on the basis of this application and I may be required to repay any monies so obtained. |

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| --- | --- |
| Signature (or scanned signature): | Date: |