

UC CIRI SCHOLARSHIP PROGRAM – APPLICATION FORM

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Student ID Number

Family Name/ Surname:	Given name(s)
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Personal Information

Date of Birth:	DD	MM	YYYY	Place of Birth:
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Indigenous Status:	<input type="checkbox"/> I identify as Aboriginal	and / or	<input type="checkbox"/> Torres Strait Islander
Certificate of Aboriginality or Community Reference Attached?	<input type="checkbox"/> Yes – attached	<input type="checkbox"/> No – pending	<input type="checkbox"/> No – I require advice

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

Current Program of Study:	<input type="checkbox"/> Honours	<input type="checkbox"/> Graduate Certificate	<input type="checkbox"/> Graduate Diploma	<input type="checkbox"/> Masters (Coursework)
	<input type="checkbox"/> Masters (by Research)	<input type="checkbox"/> PhD	<input type="checkbox"/> Professional Doctorate	
Full Title of Course:				
Proof of Enrolment:				<input type="checkbox"/> Yes – attached
				<input type="checkbox"/> No – pending

Name of Degree already achieved:	<input type="checkbox"/> Copy attached
	<input type="checkbox"/> No –Copy pending
Name of University:	Year completed:
Name of Degree already achieved:	<input type="checkbox"/> Copy attached
	<input type="checkbox"/> No –Copy pending
Name of University:	Year completed:

Do you have a disability or long term medical condition which may affect your studies?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please provide brief details)
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Dependants

Do you live with a partner:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Do you have children that you support:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Number of Children
Do you support other dependants:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How many?
Total number of people supported by your income, including yourself and any children		

Financial Information

Are you registered with Centrelink: <input type="checkbox"/> No <input type="checkbox"/> Yes,	Do you have a Healthcare Card: <input type="checkbox"/> No <input type="checkbox"/> Yes
What payments do you receive from Centrelink:	
<input type="checkbox"/> Rent Assistance	I usually receive \$..... per fortnight
<input type="checkbox"/> Other Centrelink Payments	I usually receive \$..... per fortnight

What is your partner's average fortnightly income: \$.....	<input type="checkbox"/> Not Applicable
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Do you receive financial assistance through other scholarships/bursaries: <input type="checkbox"/> No <input type="checkbox"/> 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: \$.....

Are you employed: <input type="checkbox"/> No <input type="checkbox"/> 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:	\$.....

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Funding Requested

I am seeking a total of A\$..... from the UC CIRI Scholarship Program. The purpose of the funding is to

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(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

Please outline your career and personal goals (*maximum of 300 words or 1 page*):

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

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.

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, policies, 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.

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

In submitting this application, I declare that the information supplied on this form and in the accompanying documents and statements is complete and correct to the best of my knowledge. If any of the information is found to be false or misleading, 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.

Signature (or scanned signature):

Date: