

AUSTRALIAN INDIGENOUS SCHOLARSHIPS APPLICATION FORM

Please complete ALL sections of this application form, by typing in fields. This application is only complete if submitted with all the required information and supporting documentation (see checklist on page 4, Section 8)

1. Personal	Details					
Student ID Numb	er: U		Tit	le:		
Family Name:			Given Nam	ne:		
Date of Birth:		I am (please tick	x): Aboriginal		Torres Stra	it Islander
	Г					
Address (Number a	and street):					
	-					_
Suburb/Town:			State:		Postcode:	
Telephone:			Mobile Number:			
Email:						
2. Program	Information)				
	Information	1	Undergraduate		Post	Graduato
2. Program Level of Study [p		1	Undergraduate		Post	Graduate
Level of Study [p	olease tick]		Undergraduate		Post	Graduate
Level of Study [p	olease tick]	Course Name	Undergraduate		Post	Graduate Duration
Level of Study [p	olease tick]		Undergraduate		Post	I
Level of Study [p	olease tick]		Undergraduate		Post	I
Level of Study [p	olease tick]		Undergraduate		Post	l .
Level of Study [p	olease tick]		Undergraduate		Post	I
Level of Study [p	olease tick]		Undergraduate		Post	<u> </u>
Level of Study [p	olease tick]		Undergraduate		Post	I
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Level of Study [p	m Name	Course Name	Undergraduate		Post	I
Level of Study [p Degree Prograt Course Code 3. Other Schol	m Name larships / A	Course Name wards ANY OTHER schola		ard/s, pl		Duration
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Degree Program Course Code 3. Other Schol If you are currently Value and Duration	larships / A	Course Name wards ANY OTHER scholar years).			ease provide	Duration E: Name,
Level of Study [p Degree Prograt Course Code 3. Other Schol	larships / A	Course Name wards ANY OTHER scholar years).				Duration
Degree Program Course Code 3. Other Schol If you are currently Value and Duration	larships / A	Course Name wards ANY OTHER scholar years).		\$	ease provide	Duration E: Name,
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Degree Program Course Code 3. Other Schol If you are currently Value and Duration	larships / A	Course Name wards ANY OTHER scholar years).		\$	ease provide	Duration E: Name,

4 . S	cho	lars	hips

Indicate below the Scholarship/s and/or Grant you are applying for (tick boxes).

For Scholarships other than the Elspeth Young Memorial Grant, please describe, in no more than 500 words, how each will help you achieve study outcomes and contribute to your personal and professional development.

1.	The	e Elspeth Young Memorial Grant [EYMG]						
	a.	Please list your requirements. (Eg. if you are a Attach a quote for each item listed also.	applying fo	or a lapt	op, include	e model a	nd accessor	ies).
•					\$			
•					\$			
•					\$			
			TO	TAL:				
	b.	Describe below how the item/s sought will sup	pport you	ur acad	emic suc	cess.		
2.	Rot	tary – Alf Gillespie Scholarship (attach acad	emic ref	ference	e)			
	a.	Attach a statement of no more than 500 word achieve academic outcomes and contribute to						
3.	Jos	seph & Lindsay Croft Memorial Scholarship	(attach	acader	nic refere	ence)		
	a.	Attach a statement of no more than 500 word achieve academic outcomes and contribute to						
4.	Nu	gget Coombs Scholarship (attach academic	referen	ce)				
	a.	Attach a statement of no more than 500 word achieve academic outcomes and contribute to						
			. ,		and pron	ociona.	•	
5					and pron		·	
5.	j	inancial Details and Support	- , , -		and pron		•	
5.	a.	Financial Details and Support Are you currently or will you be working?	No		Yes			
5.		Financial Details and Support			·			

If they aren't, how will you support NB: If you receive ABSTUDY or a must provide a copy of your asse						
Please complete the table below vestimate weekly dollar amount for		your anticipat	ed incom	e and living e	xpenses	. You must
INCOME				EXPENS	SES	
Employment	\$		Liv	ing Costs – fo	ood etc.	\$
Centrelink benefits	\$		А	ccommodatio	n - rent	\$
Other Scholarships/Awards	\$		Utilitie	es (phone, wa	ter etc)	\$
Assistance from family	\$			Transport –	bus/car	\$
Savings/Investment/Interest	\$			Loan Repa	yments	\$
Other	\$			Cł	nildcare	\$
Other Scholarships/Awards	\$				Other	\$
WEEKLY TOTAL	\$			WEEKLY T	OTAL	\$
6. Declaration						
I declare that the information I have the University has the right to vary necessary actions made on the ba Scholarships Committee to contact	or reverse are of incorre	ny decision re ct or incompl	egarding t ete inform	he offer of a shation. I auth	scholars orise the	hip and take Indigenous
Typing your name in the box belo paper form.	w on this elec	etronic form is	the legal	l equivalent to	your si	gnature on a
Name (type or sign)				Date		
This application along with all you	attachments	MUST BE de	elivered o	r emailed to:		
Attention: Robyn Dass, Senior Project Officer Tjabal Indigenous Higher Education Centre Lower Melville Hall Building 12, Ellery Crescent Australian National University ACTON ACT 2601						

tjabal.centre@anu.edu.au

Email:

7. Closing Date

This application form must be submitted by the first Friday of the teaching period for each Semester.

8. Checklist

Ensure you have provided ALL of the following information and documentation otherwise your application will NOT be accepted. Please tick appropriate box against each item to indicate you have attached the required information.

Note: Tick 'PS' if you've previously supplied document to TIHEC and tick 'NA' if document isn't applicable for your scholarship.

		Yes	
Α	I have read the Award Conditions for each Scholarship and Grant and ALL sections of this Application form are completed		
		Yes	PS
В	PROOF of Aboriginality or letter from an Indigenous organisation attached (note: this cannot be endorsed by a family member)		
		Yes	PS
С	Brief summary of YOUR involvement & participation in the Indigenous community		10
		Yes	PS
D	A WRITTEN reference from an Indigenous person who can comment on your involvement and participation in the community	165	FS
		Yes	NA
Е	A budget outlining the cost for each item requested		
		Yes	NA
F	On a separate sheet provide a breakdown of costs for each item		IN/A
		Voo	NIA
G	Quote for each item requested	Yes	NA
	•		
Н	Weekly accommodation costs	Yes	NA
	Trestal accessmentation code		
	Breakdown of field visit related costs [separate sheet if necessary]	Yes	NA
_ !	Breakdown of field visit related costs [separate sheet if fiecessary]		
	Maittee Otatamanta naguinad at Castian A (Cabalanahina)	Yes	
J	Written Statements required at Section 4, 'Scholarships'		
		Yes	NA
K	Income Statement from Centrelink		
		Yes	NA
L	Academic referees contacts or written references		