





BRUCE HALL

BILL PACKARD SCHOLARSHIP APPLICATION

You **must** complete all sections of this application. If a section or question is not answered your application may be deemed incomplete and not assessed. Prior to completing and submitting this form, please read the Conditions of Award for the scholarship you are applying for and ensure that you meet the eligibility requirements. Conditions of award can be found at http://www.anu.edu.au/students/scholarships-support/bill-packard-scholarship

Closing date for applications for 2015 is Saturday 31st January 2015.

Applications are to be submitted to: enquiries.bruce@anu.edu.au

SECTION 1 - PERSONAL DETAILS

Title	Mr	Ms	Miss							
Family Name				Given Names						
Date of Birth										
Current Residential Address										
Email Address										
Telephone Contact number										
Please confirm that		No								
ANU Student ID Nu Application Numbe	-			ANU Deg	ree Program					
What was your ATA	R Score?									
Has anyone in your	immediate	e family (pa	irents, sik	olings) attended	university?	Y	es		No	
Do you have a disab	Y	es		No						
Are you currently re	Y	es		No						
Do you consider you	Ye	es		No						





SECTION 2 - PERSONAL STATEMENT

The Bill Packard Scholarship is highly competitive. Why should we choose you? Please provide us a one page statement. In your response, you may wish to address:

- How you meet the eligibility criteria
- Any of the factors that the selection committee may give preference to when making their decision
- How living on campus will assist you





SECTION 3 - SUPPORTING DOCUMENTATION

In addition to completing this form you are required to submit the following supporting documentation:

• Any documentation which may assist the selection committee in making an informed decision especially in regards to meeting the eligibility criteria or factors that the committee may give preference to when making their selection.

SECTION 4 - APPLICANT DECLARATION

I declare that the information supplied in this application is, to the best of my knowledge, complete and correct. I authorise the University to obtain official records with respect to me from the appropriate educational institution(s) and to seek other relevant information about me. I understand that an incomplete application may not be assessed or considered.

	l agree		I do not agree				
Name:		Signature:		Date:			
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