The Box Hill Institute Group Financial Hardship Scholarship recognises students who, because of financial hardship or other form of disadvantage, may encounter difficulties in being able to participate fully in their studies.

An award of up to $1,000 toward ***tuition only*** will be granted towards successful students who fulfil the following eligibility criteria:

* A current or prospective student of Box Hill Institute studying full time
* Experiencing financial hardship or facing personal challenges.
* An Australian citizen or hold permanent resident status in Australia.
* Hold a Centrelink Healthcare Card or Pensioner Concession Card.

**SECTION 1 - Student Details**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Male Female Other

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you identify as Aboriginal or Torres Strait Islander? YES NO

Currently enrolled: YES NO Student ID (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fees paid: YES N O

If YES please specify whether: Payment Plan Vet Student Loan HECS-HELP Other

Have you previously received a scholarship from Box Hill Institute Group in 2018? YES NO

**SECTION 2** - **Written statement of support**

To be completed by a Box Hill Institute staff member or Student Life staff member.

For prospective students, an appointment with a Student Life staff member can be made by contacting Student Life on 9286 9891.

**Name of Faculty Delegate/Student Life staff member: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Nominator Support for Nominee Application** (dot points only) |
|  |
|  |
|  |
|  |
|  |

**SECTION 3 - Student Statement**

|  |
| --- |
| **Please provide a TYPED statement below as to how this scholarship will assist you with your academic achievements.**This should include information on how your financial situation is impacting your studies, your background, your aspirations, long-term goals, your intentions after graduating from Box Hill Institute and what receiving this scholarship will mean to you.  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**SECTION 4 – Student Pledge**

In accepting a scholarship, I agree to:

* Maintain satisfactory progress in my chosen studies;
* Complete the study in which I am current enrolled;
* Act as a positive ambassador for Box Hill Institute;
* Be available for media interviews and photo sessions and provide permission for subsequent promotion regarding my achievement;

I understand that if I fail to fulfil the Student Pledge above, I will be required to repay Box Hill Institute up to the value of the scholarship.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Students Name:** |  | **Signature:** |  | **Date:** |  |

**Please ensure ALL relevant documents listed below are attached to your application form.**

|  |  |
| --- | --- |
| **Financial Hardship** |  |
|  |
| **Copy of Health Care or Pensioner Concession Card**  |  |
| **Evidence of enrolment and fees** |  |
| **Transcript of results** (existing student) |
| **Current Resume** *(must include names, contact numbers and email addresses of two referees)* |
| **Proof of Australian citizenship** *(Green Medicare card, Australian Passport or Australian Birth Certificate)* |

|  |
| --- |
| **Faculty Delegate/Student Life Staff member:**I declare that I have sighted originals of all supporting documentation provided by the Student. |
| **Signed:**  |  | **Date:**  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Student:**I confirm that all documents and information submitted related to this scholarship are true and correct. I declare that the information contained in this application and supporting documentation is true and correct. I have read and understood the Student’s Pledge regarding acceptance of this scholarship and promotional requirements by Box Hill Institute. I understand that I can only receive one scholarship from Box Hill Institute per calendar year.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student Name:** |  | **Signature:** |  | **Date:** |  |

Please return your completed application to:studentlife@boxhill.edu.auORStudent LifeBuilding 3, Ground Floor, Elgar Campus465 Elgar RoadBox Hill VIC 3128Phone enquiries: 9286 9891 |
| **Office use only:**  |  |
| Received: |  |
| Processed:  |  |
| Nominator Notified:  |  |
| Processing Officer: |  |
| Application Outcome: |  |