**2021 Chris Arnost ‘Stay Focussed’ & ‘Encouragement’ Scholarships – Application Form**

**SECTION 1 ‐** To be completed by Student/Teacher Nominator (please also complete **Section 3**)

**Please tick ONE scholarship from the table below:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Scholarship Title**  | **Eligibility**  | **Value (Up to)**  | **Application Closing Date**  | **Tick**  |
| Chris Arnost ‘Stay Focussed’ Memorial Scholarship  | *1st Year Certificate III Electrotechnology*  | $ 1500  | *22 May 2021* |   |
| Chris Arnost ‘Stay Focussed’ Memorial Scholarship  | *2nd Year Certificate III Electrotechnology*   | $ 1500  |   |
| Chris Arnost ‘Encouragement’ Memorial Scholarship  | Electrotechnology Pre‐apprenticeship  | $ 500  |   |

**Student Details:**



**Faculty Endorsement:**

Name:

Email:

Phone:

Date:

**Faculty Nominator Support for Student Application** (dot points)

**SECTION 2 ‐** To be completed by the Student (please also complete Section 3)

**Please provide a TYPED statement below as to how this scholarship will assist you with your academic achievements.** This should include information on your background, your aspirations, long‐term goals, your intentions after graduating from Box Hill Institute and what receiving this scholarship will mean to you. *Please include second page if needed*.

**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;
* Attend the Annual Sponsors Recognition Function;
* Be available for media interviews and photo sessions and provide permission for subsequent promotion regarding my achievement;
* Allow my contact details to be given to scholarship donor on request as part of application process.
* You must demonstrate a need, passion and commitment to your studies and to the fulfilment of all course requirements

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.

**Student Name: Signature: Date:**

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

|  |  |
| --- | --- |
| **Financial Hardship or Personal Challenges** |  |
|  |
| **Photo copy of Health Care Card (if available)** |  |
| **Current Resume** |  |

**SECTION 3 ‐** To be completed by Teacher & Student

**Faculty Nominator:**

I declare that I have sighted all the documentation provided by the Student.

**Signed: Date:**

**Student:**

I confirm and declare that the information contained in this application and supporting documentation is true and correct.

I have read and understood the Student 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:

scholarships@boxhill.edu.au

or

Student Mobility and Scholarship Coordinator

Building 3, Level 3, Elgar Campus

465 Elgar Road

Box Hill VIC 3128

Phone enquiries: 9286 9601

|  |  |
| --- | --- |
| **FOR OFFICE USE ONLY**  |   |
| Date Received  |   |
| Date Processed  |   |
| Name of Processing Officer:  |   |
| Application Outcome :  |   |