

Equity and Access Scholarship

Box Hill Institute recognises students who may face barriers to study and therefore delay or defer further study entirely. The **Equity and Access Scholarship** has been established to provide financial support towards your tuition and other fees incurred as part of your study at Box Hill Institute. It is an internal scholarship that is directly credited to your Box Hill Institute account and is not intended to assist with living costs.

Scholarship amounts are up to the value of \$2,000 AUD. The value of scholarships is determined by the level of need and the availability of scholarship funds. Only one scholarship can be awarded to an individual in a 12-month period.

Eligibility:

- A prospective student of Box Hill Institute
- Australian citizen or hold permanent resident status in Australia
- Australian humanitarian visa holder
- You can demonstrate financial need by:
 - > receiving Centrelink income support payments or
 - > living with family who are receiving Centrelink income support payments
 - > providing evidence of low income and/or personal circumstances which indicate financial disadvantage
- You may have experienced one or more of the following hardships:
 - > family or domestic violence
 - > homelessness
 - > multiple relocations/moving house
 - > victim of crime
 - > natural disaster (e.g. bushfire, flood)
 - > major illness of parent/guardian
 - > death of a parent/guardian
 - > chronic medical condition of a dependent child
 - > carer responsibilities (e.g. ill children, parent, siblings)
 - > bankruptcy

Application Assessment:

Box Hill Institute Scholarship Review Panel makes offers to applicants demonstrating the greatest level of need.

- All applications are assessed against the eligibility criteria.
- Meeting eligibility criteria does not guarantee a successful application.
- Review panel decisions cannot be appealed against.
- Incomplete applications may not be considered.
- Scholarship funding is subject to availability.

Key Dates/Deadlines:

- **Application Opening Dates:** Scholarships are open year-round.
- **Application Deadlines:** At the end of each month, all applications received within that month are assessed by the Scholarship Review Panel.
- **Timeline:** Applicants should allow a minimum of 10 working days from the close of the month to receive the outcome of their scholarship application, which is sent via email.

Scholarship Terms and Conditions:

- The **Access and Equity Scholarship** is up to the value of \$2,000 AUD and is credited to tuition and other fees incurred as part of your study at Box Hill Institute. It is an internal scholarship that is directly credited to your Box Hill Institute account and is not intended to assist with living costs.
- The scholarship is applied to the intended course of study included in the scholarship application.

Scholarship recipients agree to:

- Maintain satisfactory progress* in the chosen course of study
- Commitment to attendance of classes and other BHI course related activities*
- Abide by the BHI Student Code of Conduct
- Act as a positive ambassador for Box Hill Institute
- Be available for media interviews and photo sessions and provide permission for subsequent promotion regarding the awardee's achievements.

* Refers to maintaining satisfactory marks for at least 50% of classes and participating in at least 60% of classes each semester or term. Please refer to the BHI Student Progression Policy for more information www.boxhill.edu.au

How to Submit your Application:

Carefully read the scholarship conditions and eligibility information to ensure you meet the requirements to apply.

APPLICANT NAME:		
ELIGIBILITY CHECKLIST		
Have you submitted an application to undertake study?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you maintain satisfactory attendance and course progress?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you attached all supporting documentation including financial information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you read and agree with the Terms and Conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 1. PERSONAL			
Full Name:			
Box Hill Institute Student ID: (If known)			
Date of Birth:		Mobile Number:	
Email Address:			
Postal Address:			
Do you identify as Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Section 2. SCHOLARSHIP APPLICATION DETAILS			
Name of course you would like to receive the scholarship for at Box Hill Institute:			
Title of course: (If known)			
Course code: (If known)		Duration of course:	
Start date:		Campus:	
Have you paid any fees to Box Hill for enrolment into this course?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please specify whether: <input type="checkbox"/> Payment Plan <input type="checkbox"/> Vet Student Loan <input type="checkbox"/> HECS-HELP <input type="checkbox"/> Other			

Section 3. PREVIOUS STUDY

Institution:		
Course code or title:		
Course duration:		
List any previous scholarships awarded:		

Section 4. EMPLOYMENT – CURRENT/FORMER 1

Job Description:		
Employer:		
Start date:		<input type="checkbox"/> Full time <input type="checkbox"/> Part time

EMPLOYMENT – CURRENT/FORMER 2

Job Description:		
Employer:		
Start date:		<input type="checkbox"/> Full time <input type="checkbox"/> Part time

EMPLOYMENT – CURRENT/FORMER 3

Job Description:		
Employer:		
Start date:		<input type="checkbox"/> Full time <input type="checkbox"/> Part time

Section 5. STUDENT STATEMENT – FUTURE GOALS

Please explain why have selected this course and what you hope to achieve by undertaking this course at Box Hill Institute:

Section 6. HARDSHIP OR DISADVANTAGE STATEMENT – HOW YOU QUALIFY

Please provide a description of your hardship circumstances and how you feel you qualify for this scholarship. Please refer to the hardship list under ‘eligibility’.

Section 7. FINANCIAL DETAILS

Are you a valid Centrelink Health Care Card holder or a dependent of a valid Health Care Card holder?

Yes No

If YES, please go to Section 8 (please note a copy of a valid Centrelink Health Care Card needs to accompany this application)
 If NO, please go to Section 7.1

Section 7.1 FINANCIAL COMMITMENTS

Please provide costs related to your tuition and the expected course enrolment with Box Hill Institute:

Course Fees (Tuition plus any other enrolment related fees):	
Textbooks:	
Other (transport costs, equipment purchases, etc.):	

What is your fortnightly income and expenditure? Please provide supporting documentation. (pay slip, Centrelink statement, bank statement, rent receipts, gas, electricity, phone bills, car loans, bank loans, rent). If dependent on parents or partner's income, please fill in the following as a household income/expenditure.

Income (Fortnightly)	\$	Document Supplied	Expenditure (Fortnightly)	\$	Document Supplied
1. Employment		<input type="checkbox"/> Y <input type="checkbox"/> N	1. Food		<input type="checkbox"/> Y <input type="checkbox"/> N
2. From parents/family/spouse		<input type="checkbox"/> Y <input type="checkbox"/> N	2. Rent/mortgage/board		<input type="checkbox"/> Y <input type="checkbox"/> N
3. Investment/business enterprise		<input type="checkbox"/> Y <input type="checkbox"/> N	3. Services (electricity, gas, water etc)		<input type="checkbox"/> Y <input type="checkbox"/> N
4. Centrelink payment (specify)		<input type="checkbox"/> Y <input type="checkbox"/> N	4. Telephone		<input type="checkbox"/> Y <input type="checkbox"/> N
5. Other (please specify below)		<input type="checkbox"/> Y <input type="checkbox"/> N	5. Transport		<input type="checkbox"/> Y <input type="checkbox"/> N
a.		<input type="checkbox"/> Y <input type="checkbox"/> N	6. Dependants (school costs etc)		<input type="checkbox"/> Y <input type="checkbox"/> N
b.		<input type="checkbox"/> Y <input type="checkbox"/> N	7. Insurance (health, house etc)		<input type="checkbox"/> Y <input type="checkbox"/> N
c.		<input type="checkbox"/> Y <input type="checkbox"/> N	8. Loans (personal, car etc)		<input type="checkbox"/> Y <input type="checkbox"/> N
d.		<input type="checkbox"/> Y <input type="checkbox"/> N	9. Health/medical costs		<input type="checkbox"/> Y <input type="checkbox"/> N
e.		<input type="checkbox"/> Y <input type="checkbox"/> N	10. Other (please specify below)		<input type="checkbox"/> Y <input type="checkbox"/> N
f.		<input type="checkbox"/> Y <input type="checkbox"/> N	a.		<input type="checkbox"/> Y <input type="checkbox"/> N
Total Income			b.		<input type="checkbox"/> Y <input type="checkbox"/> N
			c.		<input type="checkbox"/> Y <input type="checkbox"/> N
			Total Expenditure		

Section 8. STUDENT DECLARATION

Applicant's Name:

I declare that all information provided in this application is true and accurate. I have read and understood the terms and conditions.

Signed: Date: