

Access and Equity Scholarship

This form is to accompany the **Access and Equity Scholarship** application form and is to be completed by a Box Hill Institute staff member or Student Life staff member.

APPLICANT NAME:

1. PERSONAL DETAILS

Full Name:

Box Hill Student Number:

Date of Birth:

Mobile Number:

Email Address:

2. BOX HILL INSTITUTE NOMINATOR – STATEMENT OF SUPPORT AND NOMINATOR

Name of Faculty Delegate/Student Life staff member:

Faculty:

Email:

Phone:

NOMINATOR SUPPORT FOR STUDENT APPLICANT

In what capacity do you know this student?

What do you know about this student's commitment to their studies?

What do you know about this student's personal circumstances?

BOX HILL INSTITUTE NOMINATOR DECLARATION

Nominator's Name:

I declare that I endorse the above student for the Box Hill Institute Access and Equity Scholarship all information provided in this application is true and accurate.

Signed:

Date: