**2023 Moke Owners Association of Victoria ‘True Encouragement’ Scholarships – Application Form**

**SECTION 1**

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| **Scholarship Title** | **Eligibility** | **Value** | **Application Closing Date** |
| Moke Owners Association of Victoria “True Encouragement” Scholarship | *1st Year Certificate III Automotive – Light Vehicle*  *Student has completed 1st year and commenced 2nd year.* | $ 1500 | 12 Oct, 2023 |

**Student Details:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: |  | | | Surname: | |  | | | | |
| Date of Birth: |  | | | € Male | | € Female | | | | |
| Address: |  | | | Suburb: | |  | | Post Code: |  | |
| Email: |  | | | | | | | | | |
| Phone: |  | | | Mobile: | |  | | | | |
| Date of application: | |  | | | | | | | | |
| Course Name: | |  | | |  | | | | |
| Student ID (if known): | | |  | | | |

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| **Name of the Teacher Nominator:** | |  |
| Faculty: | |  |
| Email: |  | |
| Phone: |  | |
| Date: |  | |

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| **Teacher Nominator Support for Student Application:**  (dot points only) |
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**SECTION 2**

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| **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. |
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**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 Scholarship 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.

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

**SECTION 3**

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

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| **“True Encouragement” Scholarship** |  |
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| **Transcript of Results** |  |
| **Current Resume** |  |

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| **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 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’s Name:** |  | **Signature:** |  | **Date:** |  |   Please return your completed application to:  [scholarships@boxhill.edu.au](mailto:scholarships@boxhill.edu.au)  or  BHI Sponsored Scholarships  Building 6, Ground Floor, Elgar Campus  465 Elgar Road  Box Hill VIC 3128 |

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