

2024 Moke Owners Association of Victoria ‘True Encouragement’ Scholarships – Application Form

SECTION 1

Scholarship Title	Eligibility	Value	Application Closing Date
Moke Owners Association of Victoria “True Encouragement” Scholarship	<i>1st Year student studying Automotive Student has completed 1st year and commenced 2nd year.</i>	\$ 1500	2024

Student Details:

First Name: _____ Address: _____

Last Name _____ Suburb: _____ Post Code: _____

Date of Birth: _____

Gender: _____

Email: _____

Phone: _____ Mobile: _____

Course Name: _____

Student ID (if known): _____

SECTION 2

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.

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.

Student Name: _____ **Signature:** _____ **Date:** _____

SECTION 3

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

"True Encouragement" Scholarship	
Transcript of Results	<input type="checkbox"/>
Current Resume	<input type="checkbox"/>

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

or

BHI Sponsored Scholarships
Student Life
Building B3, Room 206
Elgar Campus
465 Elgar Road, Box Hill, 3128

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