

## 2024 HESTA hardship scholarships for Health and Community

### Services Application form

Scholarship	Eligibility	Value	Application Closing Date
<i>HESTA hardship scholarships for Health and Community Services</i>	<i>These scholarships are available to students from specified courses experiencing financial hardship</i>	<i>\$500.00 x 16</i>	<i>1st October 2024</i>

Eligible Courses List ( tick your currently enrolled course)	
<input type="checkbox"/> Certificate IV in Allied Health Assistance (Physiotherapy, Occupational Therapy) <input type="checkbox"/> Certificate III in Health Service Assistance <input type="checkbox"/> Certificate III in Dental Assisting <input type="checkbox"/> Certificate III in Health Services Assistance (Specialising in Operating Theatre Technician) <input type="checkbox"/> Certificate III in Hospital/Health Services Pharmacy Support <input type="checkbox"/> Certificate IV Hospital/Health Services Pharmacy Support <input type="checkbox"/> Certificate III in Individual Support	<input type="checkbox"/> Diploma of Nursing <input type="checkbox"/> Diploma of Early Childhood Education and Care <input type="checkbox"/> Certificate III in Early Childhood Education and Care <input type="checkbox"/> Certificate III in Education Support <input type="checkbox"/> Certificate IV in Community Services <input type="checkbox"/> Diploma of Community Services <input type="checkbox"/> Certificate IV in Mental Health <input type="checkbox"/> Certificate IV in Disability <input type="checkbox"/> Certificate IV in Youth Work

**Student Details:**

**SECTION 1**

First Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 Gender: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Currently enrolled:  Yes  No 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 how this scholarship can assist 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;
- Be available for media interviews, photo sessions and provide permission for subsequent promotion regarding my achievements;
- Allow my contact details to be given to scholarship sponsor as part of the application process;
- Demonstrate a need, passion and commitment to my studies and 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 the value of the scholarship.

**Student Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION 3**

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

<p><b>Current Resume</b> <i>(must include names, contact numbers and email addresses of two referees)</i></p>	<input type="checkbox"/>
<p><b>Health Care Card or Pensioner Concession Card</b> <i>(photo or scanned copy)(if available)</i></p>	<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. I understand I may be documentation to support my application.

**Student Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return your completed application to:

[scholarships@boxhill.edu.au](mailto:scholarships@boxhill.edu.au)

OR

BHI Sponsored Scholarships  
 Student Life  
 Building 3, Room 212, Elgar Campus  
 465 Elgar Road  
 Box Hill VIC 3128

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