

2024 Pathways of Hope Scholarship – Application Form

SECTION 1

Scholarship Title	Eligibility	Value	Application Closing Date
<i>Pathways of Hope</i>	<i>One commencing student that qualifies as a refugee or asylum seeker</i>	\$ 2,000	1 st August, 2024

Student Details:

First Name: _____ Surname: _____

Date of Birth: _____ Gender: _____

Address: _____ Suburb: _____ Post Code: _____

Email: _____

Phone: _____ Mobile: _____

Course Name: _____

Student ID (if known): _____

Type of Visa: _____

Visa number: (please attach a copy to this application) _____

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 and personal circumstances, your intentions after graduating from Box Hill Institute and what receiving this scholarship will mean to you.

Please provide a typed statement below outlining how your education experience will positively impact the community.

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.

"Pathways of Hope Scholarship"	
Refugee/Asylum Status	<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 sponsored 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 VIC 3128

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