

2024 Chris Arnost 'Stay Focussed' and 'Encouragement' Scholarships - Application Form

SECTION 1

Please tick ONE scholarship from the table below:

Scholarship Title	Eligibility	Value (Up to)	Application Closing Date	Tick
Chris Arnost 'Stay Focussed' Memorial Scholarship	1 st Year Certificate III Electrotechnology	\$ 1500		<input type="checkbox"/>
Chris Arnost 'Stay Focussed' Memorial Scholarship	2 nd Year Certificate III Electrotechnology	\$ 1500		<input type="checkbox"/>
Chris Arnost 'Encouragement' Memorial Scholarship	Electrotechnology Pre-apprenticeship	\$ 500		<input type="checkbox"/>

Student Details:

First Name: _____ Surname: _____
Date of Birth: _____ Male Female Indeterminate / Intersex / Unspecified
Address: _____ Suburb: _____ Post Code: _____
Email: _____
Phone: _____ Mobile: _____
Date of application: _____
Course Name: _____
Currently enrolled: Yes No Student ID : _____

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. *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;
- Attend the Annual Sponsors 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.

Financial Hardship	
Copy of Health Care Card	<input type="checkbox"/>
Current Resume (<i>must include names, contact numbers and email addresses of two referees</i>)	<input type="checkbox"/>

Student:

I confirm and 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 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 :	