

2024 Rotary Club of Mont Albert and Surrey Hills 'Inducement to Succeed' Scholarship Application form

SECTION 1

Scholarship	Eligibility	Purpose	Value	Application Closing Date
Rotary Club of Mont & Surrey Hills 'Inducement to Succeed' Scholarship	These 2 scholarships are available to students experiencing financial hardship or personal challenges.	Enabling students to complete their course of study if the cost of continuing is creating an obstacle due to financial hardship personal difficulties.	\$1,000	1 August 2023

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 (i	f known):	

Category of Scholarship (please tick):

Financial Hardship or Facing Personal Challenges



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;
- Attend the Annual Sponsors Recognition Function;
- Allow my contact details to be given to scholarship sponsor as part of the application process.

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:	
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SECTION 3

Please ensure <u>ALL</u> documents listed below (relevant to the scholarship category selected in Section 1) are attached to your application form.

Financial Hardship	
Photo copy of Health Care Card	
Current Resume (must include names, contact numbers and email addresses of two referees)	

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 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 :	