

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

### SECTION 1

Scholarship	Eligibility	Purpose	Value	Application Closing Date
<i>Rotary Club of Mont &amp; Surrey Hills 'Inducement to Succeed' Scholarship</i>	<i>These 2 scholarships are available to students experiencing financial hardship or personal challenges.</i>	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 (if known): \_\_\_\_\_

#### Category of Scholarship (please tick):

Financial Hardship or Facing Personal Challenges



**SECTION 3**

Please ensure **ALL** 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	<input type="checkbox"/>
Current Resume (must include names, contact numbers and email addresses of two referees)	<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](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 :	