

# SCHOLARSHIP/AWARD APPLICATION FORM



**UNSW**  
THE UNIVERSITY OF NEW SOUTH WALES

**IMPORTANT NOTE FOR ALL APPLICANTS PLEASE ENSURE YOU READ 'INFORMATION FOR APPLICANTS' BEFORE YOU START ON YOUR APPLICATION**

## 1. PERSONAL DETAILS

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Sex:  M  F

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Tel (home): \_\_\_\_\_ Tel (other) \_\_\_\_\_

Tel (mobile): \_\_\_\_\_

Australian Citizen (Y/N)? \_\_\_\_\_

Permanent Resident (Y/N)? \_\_\_\_\_

**If NO**, Country of Citizenship: \_\_\_\_\_

High School: \_\_\_\_\_

Address: \_\_\_\_\_

HSC Year: \_\_\_\_\_

## 2. ADDITIONAL INFORMATION (PLEASE TICK) Yes No

I am of Aboriginal or Torres Strait Islander Descent  Yes  No

I am applying to UNSW through the ACCESS Scheme:  Yes  No

I am applying to UNSW through the Rural Students (Medicine) Entry Scheme:  Yes  No

I am a student from a rural background:  Yes  No

I will be seeking consideration for any form of social disadvantage (see guidelines for details)  Yes  No

I intend to apply for Commonwealth income support payments? (Including Youth Allowance, Austudy, Abstudy, New Start, Disability Support Pension, Parenting Payment, Carer Payment or other. Please specify.):  Yes  No

Estimated Annual Value: \_\_\_\_\_

I am in receipt of means tested Commonwealth income support payments? (Including Youth Allowance, Austudy, Abstudy, New Start, Disability Support Pension, Parenting Payment, Carer Payment or other. Please specify.):  Yes  No

Centrelink Customer Reference Number (CRN)\*: \_\_\_\_\_

**\*Important Note:** Please refer to the **Scholarship Information Sheet** regarding the provision of your CRN on the application form.

## 3. SCHOLARSHIPS

This application is for the following Scholarships:

Name: \_\_\_\_\_ Code: \_\_\_\_\_

Name: \_\_\_\_\_ Code: \_\_\_\_\_

Name: \_\_\_\_\_ Code: \_\_\_\_\_

Name: \_\_\_\_\_ Code: \_\_\_\_\_

Name: \_\_\_\_\_ Code: \_\_\_\_\_

## 4. APPLICANTS FROM HIGH SCHOOL ONLY

UAC Preference 1 \_\_\_\_\_ Code: \_\_\_\_\_

UAC Preference 2 \_\_\_\_\_ Code: \_\_\_\_\_

UAC Preference 3 \_\_\_\_\_ Code: \_\_\_\_\_

UAC Number: \_\_\_\_\_ UAI (where available): \_\_\_\_\_

For applicants who undertook their High School studies in Australia, is your school classified under the:

Priority Schools Programs (PSP)?

Country Areas Program (CAP)?

## 5. CURRENT UNSW STUDENTS ONLY

Course: \_\_\_\_\_  Full Time  Part Time

Year Commenced: \_\_\_\_\_ Year of Study: \_\_\_\_\_

Expected Completion Date: \_\_\_\_\_

UNSW Student Number: \_\_\_\_\_

## 6. POSTGRADUATE COURSEWORK APPLICANTS ONLY (IN ADDITION TO 5)

Intended Course of Studies: \_\_\_\_\_

Year & Semester plan to commence: \_\_\_\_\_

Course Code: \_\_\_\_\_  Full Time  Part Time

## 7. DECLARATION AND CONSENT

I declare that the information supplied by me on this form is complete and correct in every particular. I understand that UNSW reserves the right to vary or reverse any decision made on the basis of incorrect or incomplete information. I authorise the University to obtain from other educational institutions and relevant authorities, at any time, details of my enrolment, academic record, examination results, including details of my enrolment variations and attendance.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## 9. PERSONAL STATEMENT – ONLY FOR THOSE APPLYING FOR SPORTS SCHOLARSHIPS

Please nominate the sport you wish to be considered for the Lexcen Sports Scholarship. *(If wishing to nominate for several sports you will need to complete a separate application for each sport with the relevant support documentation.)*

Please attach:

- Sporting resume (no more than 2 pages - ensure you specify your best sporting achievements (State times, personal bests, rankings, tournaments etc).
- Sporting references from two (2) referees
- attach by clip or plastic sleeve 1 x action photo

*It is a condition of the Lexcen Sports Scholarships that successful applicants must actively participate in a UNSW Sporting Program and represent at University Championships if required.*

## 10. APPLICABLE ONLY FOR THE ALUMNI SCHOLARSHIPS

Name of Alumni Parent or Grandparent – please indicate if more than one is a UNSW Alumnus and attach additional details.

Family name: \_\_\_\_\_

Given Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Alumni ID (if known): \_\_\_\_\_

Email: \_\_\_\_\_

Name at Graduation (if name has changed): \_\_\_\_\_

UNSW degree(s) or diploma(s) – include year awarded: \_\_\_\_\_

Other degree(s) or diploma(s) – include year awarded: \_\_\_\_\_

Relationship to student: *(please tick)*

- Mother       Father       Grandmother       Grandfather

**PLEASE RETURN THE COMPLETED FORM AND SUPPORTING DOCUMENTATION TO:  
UNSW SCHOLARSHIPS, THE UNIVERSITY OF NEW SOUTH WALES, SYDNEY, NSW, 2052**

**11.1. APPLICABLE ONLY FOR THE MALCOLM CHAIKIN FOUNDATION SCHOLARSHIPS**

**Part 11.1.** Must be completed by student and given to the School Principal who will need to complete and return to UNSW by no later than two weeks after scholarship closing date 30 September. If we do not receive the completed section back from the Principal we will not be able to assess your application.

Please ensure you enclose A4 copies of your Year 11 and Year 12 reports with your application.

**Student Name:** \_\_\_\_\_ **UAC Application Number:** \_\_\_\_\_

I am undertaking: NSW HSC / IB / Other (please specify): \_\_\_\_\_

**Please note:** For 1 unit subjects Marks / 50      For 2 unit subjects Marks / 100

Year attempted	Subject & Level (eg ENGLISH ADVANCED)	Number of Units	Class Position (eg 1/20)	And/or Actual Results	Trial Results

**11.2 TO BE COMPLETED BY HIGH SCHOOL PRINCIPAL:**

Please estimate the expected result for the NSW HSC (or equivalent) for this student:

Estimated Result: \_\_\_\_\_ Type (eg UAI / TER): \_\_\_\_\_

Principal Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date:      /      /

**School Name:** \_\_\_\_\_

**School Stamp:**

**PRINCIPAL:** If you have questions regarding this request for information please contact the Manager, UNSW Scholarships, on 02 9385 1078. Once completed send to Manager, UNSW Scholarships, The University of New South Wales Sydney NSW 2052 or Fax 02 9385 3732 or Email to [scholarships@unsw.edu.au](mailto:scholarships@unsw.edu.au)