**ECU Vice Chancellor’s Aboriginal and/or Torres Strait Islander Scholarship**

**Application Form**

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| Student ID: |  | First Name: |  | Surname: |  |
| Daytime Contact No: |  | Course Commencement Date: | Month/Year  |
| Please ensure that your correspondence address details are updated on SIMO |
| To confirm your eligibility please complete the following:-I identify as: Australian Aboriginal descent; or [ ]  Torres Strait Islander descent; or [ ]   Both Aboriginal and Torres Strait Islander descent [ ]  I am accepted as such by the community in which I live or have lived [ ]  Please name the Aboriginal / Torres Strait Islander community from which you descend or are accepted as a member?  |
| What are your personal or academic achievements? |
| Describe a situation or an event where you have used your leadership skills to inspire and positively influence others. |
| Describe how you are or intend to contribute to the Aboriginal and/or Torres Strait Islander community and/or University community.  |
| Describe your career/work goals for the future and how your course will assist you to meet those goals. |
| Describe how this scholarship will benefit/assist you with your studies. |
| Please use this space to submit any additional comments in support of your application |
| Do you receive any other scholarships? No [ ]  Yes [ ]  please provide name/s of scholarship/s? |
| Do you receive a Centrelink allowance? No [ ]  Yes [ ]  please provide name of allowance? |
| Please attach the following documents to complete your application:  * Referee statement (from a current employer, community leader or

university staff member) [ ]  attached* Copy of your resume [ ]  attached
* Any other relevant documents you wish to supply to support your [ ]  attached

application - Maximum of 4 (sides) x A4 pages) |
| Important: Giving false or misleading information is a serious offence under the *Criminal Code Act 1995* **Declaration:** I declare that the information I have supplied on this form and in associated attachments is complete, true and correct, to the best of my knowledge. I understand that if any information is found to be incorrect, my application may be cancelled.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date |