Application for Sunning Hill Bursary

Name: ____________________________________________
Student Number: ___________________________ Course enrolled in: ___________________________
Contact phone numbers: ________________________________________________________________
Address:  

The purpose of the Indigenous Student Grant program is to assist students to successfully continue in and/or enhance their studies. Funds may be used to purchase special course requirements; assistance to attend relevant conferences/seminars etc.; unexpected or one-off expenses that cannot be met by any other income source. Special circumstances may be considered. You may apply for up to $500.

Amount Applied for: $ __________________

Quote: (See attached) $ __________

Purpose for which this money will be used:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
How will this grant assist you in completing your studies?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

You may provide attachments to support your claim. If so, please list here:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

I, ____________________________________________ declare that the information provided in this application is a true and accurate description of my situation. I agree to abide by the terms and conditions of the grant program. I give permission to the Office of Indigenous Academic Support to access my CDU student records for the purposes of administering the Sunning Hill Bursary.

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Terms and Conditions of Grant

1. To be eligible for a Sunning Hill Bursary the applicant must be an Australian Aboriginal and/or Torres Strait Islander student, who is currently enrolled at Charles Darwin University.

2. Funds disbursed through the Sunning Hill Bursary will not be paid to the student, but directly to the service provider/company nominated by the student.

3. There will be only one application granted per student per semester out of a limited amount of funds.

4. Requests for goods and services must directly relate to current enrolled studies.

5. Funds for personal bills, goods and/or services are not permitted.

6. Students will be notified in writing within 5 working days of the Allocations Committee’s decision.

7. Students who are successful in their applications may be invited to participate in activities to promote the fund, and thank the sponsors.

8. Applicants must be enrolled in Certificate 3 or higher and show as Enrolled on Callista.

9. Students must be enrolled in 1 unit or more per semester for Higher Education and 75% of a full time study load for VET.

10. Higher Education students must demonstrate successful completion of at least 3 units before submitting an application.

11. VET students must demonstrate successful completion of at least 4 modules before submitting an application.

12. Continuing students who are progressing with good grades e.g. from VET to HE or PTS/TEP to Higher Education will be considered.

13. If the student requests a laptop they must provide valid written reasons stating why they are unable to access the OIAS computer lab, located in Blue 2, Ground Level. Failure to do so may result in their application not being approved. Contact the Office of Indigenous Academic Support for specifications on 08 8946 6485.

14. Regard for special circumstances will be considered.

Attachments:

1. Students must complete a Confirmation of Aboriginal and/or Torres Strait Islander descent form.

2. Students must attach a quote for the goods and/or services.

OFFICE USE ONLY

Date Application Received: ____________________________  Allocations Committee Meeting Date: ____________________________

Allocation Committee Meeting Outcome: ________________________________________________________________

__________________________  ____________________________  ____________________________
Committee member  Committee member  Committee member

Print name  Print name  Print name

Director approval: ____________________________  Date: ____________________________

Fund disbursement details: ________________________________________________________________

__________________________  ____________________________  ____________________________

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Confirmation of Aboriginal and/or Torres Strait Islander Descent Form

To be completed by applicant

Name in full: 

*Signature: 

Born on:  at  and now living at: 

Declaration of Aboriginal/Torres Strait Island Descent

My mother's name is/was:  My father's name is/was: 

My language group and/or home community/country is/are: 

To be completed by an incorporated Aboriginal or Torres Strait Islander Organisation or Association

Declaration

The above person is accepted and recognised as an Aboriginal and/or Torres Strait Islander person in the community in which he/she lives, by the Board of Management of this incorporated Indigenous Organisation/Association.

Name of Organisation/Association  Address of Organisation/Association 

Position: 

*Signature: 

*This signatory must not be a member of the applicant’s family.

Date:  (Place company stamp in the space above)