

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:

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How will this grant assist you in completing your studies?

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

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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.

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

\_\_\_\_\_ Witness Name Date: \_\_\_\_\_

\_\_\_\_\_ Witness Signature

If under 18 yrs then the signature of parent/ guardian is required:

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

\_\_\_\_\_ Witness Name Date: \_\_\_\_\_

\_\_\_\_\_ Witness Signature

## Eligibility

The applicant will need to identify any scholarships they currently have an agreement with below:

Name of Scholarship: \_\_\_\_\_

## Declaration

I declare that the information provided, to the best of my understanding and knowledge, is complete and correct. I understand that there are severe penalties for providing false or misleading information. I understand that I must acknowledge other scholarships that I currently receive.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 of the Allocations Committee's decisions.
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 2 units 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signatures:

_____	_____	_____
Committee member	Committee member	Committee member
_____	_____	_____
Print name	Print name	Print name

Director approval: \_\_\_\_\_ Date: \_\_\_\_\_

Fund disbursement details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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)

**Office of Indigenous Academic Support**

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Darwin NT 0909 Australia

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