



ST JOHN OF GOD HOSPITAL GERALDTON SCHOLARSHIP 2012

APPLICATION FORM

APPLICATIONS CLOSE 5.00PM ON FRIDAY 2nd March 2012
This application form is for continuing students (year 2 or above) who are undertaking Bachelor of Science (Nursing) studies at the GUC in 2012.

PERSONAL DETAILS:

Student Number (if known): _____

Given Name (s): _____

Family Name: _____

Male Female

Date of Birth: _____

Address: _____

_____ Postcode

Email address: _____

Phone number: _____ Mobile: _____

COURSE:

Degree Program: _____

University: _____

Eligibility Criteria:

What is your current citizenship status? To be eligible for this scholarship, you must be one of the following:

- Australian Citizen
- Holder of Permanent Humanitarian Visa
- Australian Permanent Resident

Please provide relevant documental evidence to support your statement.

Are you in year 2 or higher of the Bachelor of Science (Nursing) at the GUC and intending to continue with at least two units a semester in 2012?

- Yes
- No **You are ineligible to apply for this scholarship**

Please provide relevant documental evidence to support your statement.

Are you a resident of the Mid West?

- Yes
- No **You are ineligible to apply for this scholarship**



Have you been awarded any other Scholarship to assist you to meet your University expenses or living costs for 2012?

- Yes
- | | |
|-------------------------|-------|
| Name of scholarship | _____ |
| Amount | _____ |
| Date Awarded | _____ |
| Duration of Scholarship | _____ |
- No

PRIVACY AND CONFIDENTIALITY STATEMENT

The Geraldton Universities Centre and St John of God Hospital Geraldton will only use personal information collected from you, or about you, for internal administrative purposes. It will not be provided to other parties other than in accordance with legislative requirements, or in circumstances where you have given explicit permission for the information to be transmitted.

STUDENT DECLARATION

I hereby certify that the information and supporting documentation provided in this application is complete and correct. I agree that the Geraldton Universities Centre may if necessary, verify details of my educational qualifications. I understand that my scholarship may be cancelled if it is proven that I was offered a scholarship based on false or misleading information or documentation.

Signature of Applicant _____ Date _____

APPLICATION CHECKLIST:

Have you:

- completed all the questions on the form?
- signed and dated your application?
- provided proof of Citizenship or visa status
- provided a Reference from the Nursing Course Coordinator, employer or other appropriate referee?
- provided proof of enrolment in your course for 2012 plus relevant academic results?
- provided your supporting statement (see guidelines)?

Please Note: The Geraldton Universities Centre can certify your original documents.

Your completed application should be delivered in person to:

Or posted to:

Scholarship Program
Geraldton Universities Centre
33 Onslow Street
GERALDTON WA 6530

Scholarship Program
Geraldton Universities Centre
PO Box 2779
GERALDTON WA 6531