**Dorothea Swift Nursing Scholarship**

**Application Form**

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| All questions on the application form must be completed and ALL supporting documentation including written statement must be submitted as part of application as indicated otherwise the application may not be considered. |
| Applicant Details |
| Student No. | Click here to enter text. | First Name: | Click here to enter text. | Surname: | Click here to enter text. |
| Contact PH: | Click here to enter text. | Student email address: | Click here to enter text. |
| Please ensure that your correspondence address details are updated on SIMO |

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| 1. Are you an Australian Citizen

Or an Australian Permanent Resident? |  [ ]  Yes to all Questions numbered 1 – 4 Go on to answer Q5. [ ]  No to any Questions numbered 1 – 4 Sorry you are ineligible for this  Particular scholarship, please visit the  ECU website for other scholarships  Opportunities. |
| 1. Are you currently enrolled or intending to enrol full time for semester 1, in the ECU Bachelor of Science (Nursing) course or the Bachelor of Science (Nursing) /Bachelor of Science (Midwifery)?
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| 1. Will this be your first year of study?
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| 1. Are you a resident of Western Australia?
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| 5. Do you currently receive any other scholarship/s?  |[ ]  Yes - Please provide detailsClick here to enter text. |
|  |[ ]  No  |
| 6. Have you recently applied for any Scholarship and are awaiting an outcome? |[ ]  Yes - Please provide detailsClick here to enter text. |
|  |[ ]  No  |
| 7. Are you in receipt of a Centrelink allowance or have you applied? If yes, please complete Centrelink form available from the scholarship web page. |[ ]  Yes - Complete Centrelink form |
|  |[ ]  No  |
| 8a. Do you normally live in rural Western Australia, but have relocated (more than 100k) for the purpose of being able to study all your units on campus during semester?  |[ ]  Yes – Go to Question 8b |
|  |[ ]  No – Go to Question 9 |
| 8b. If answered ‘Yes’ to Q8a – Provide details of the rural town or community where you normally live. Home Suburb: Click here to enter text. Postcode: Click here to enter text.8c. How long have you/did you live rurally?  From date: Click here to enter text. To Date: Click here to enter text.8d. Where have you relocated to? ­­­­­­­­­­­­­­­­  Suburb: Click here to enter text. Postcode: Click here to enter text.  From Date: Click here to enter text. |
| An Australian Aboriginal or Torres Strait Islander is a person of Australian Aboriginal and/or Torres Strait Islander descent, who identifies as an Australian Aboriginal and/or Torres Strait Islander, and is accepted as such by the community with which he or she lives or has lived. 9. Are you of Australian Aboriginal or Torres Strait Islander descent? [ ] Yes [ ] NoIf yes, would you find it hard to provide evidence of community acceptance? If so, please detail why**:** Click here to enter text. |
| 10.Personal Statement Applicants are required to provide a written Statement (of no more than 500 words) which includes your personal information about the following:-* Financial circumstances
* Social disadvantages
* Achievements
* Reasons for choosing Nursing as a career

11.Demonstration of Prior Academic SuccessApplicants are required to provide evidence which demonstrates prior academic success. This could include:-TEE and/or WACE Exam Results ATAR/TER Results ISIT ResultsTAFE Results School Certificates IUOC Grades |
| 12. Checklist– Please tick to indicate that you have attached the following supporting documentation (where applicable) to this application form. Failure to provide supporting documentation may affect you receiving a scholarship offer. Please copy /scan or deliver copies of originals |
|[ ]  Evidence of Australian Citizenship or Permanent Residency status |
|[ ]  Completed Centrelink Customer Consent form (if answered yes to *Question 7)*  |
|[ ]  Evidence of your rural address (i.e. drivers licence, rural high school report/reference, official bill with your rural address on it (not postal box) – \* documentation must have recent date (Q*uestion 8a/ b/c )* |
|[ ]  A written statement as outlined above. (Q*uestion 10)* |
|[ ]  Evidence of Academic Success. (Question 11) |
| 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. |
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| Signature of Applicant |  | Date |
| Completed application forms & associated documentation should be forwarded to ECU Scholarships Office |