

**Dorothea Swift Nursing Scholarship
Application Form**

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.

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|--|--|---|------------------------------|----------|--|
| Applicant Details | | | | | |
| Student No. | | First Name: | | Surname: | |
| Contact PH: | | Student email address: | | | |
| Please ensure that your correspondence address details are updated on SIMO | | | | | |
| 1. Are you an Australian Citizen Or Permanent Resident? | | <input type="checkbox"/> Yes to all (Quest 1 – 4) <input type="checkbox"/> No to any - You are ineligible for this scholarship | | | |
| 2. Are you currently enrolled or intending to enrol full time for semester 1, 2015 in the ECU Bachelor of Science (Nursing) course or the Bachelor of Science (Nursing) /Bachelor of Science (Midwifery) in on campus units? | | | | | |
| 3. Will this be your first year of study? | | | | | |
| 4. Are you a resident of Western Australia | | | | | |
| 5. Do you currently receive any other scholarship/s? _____ | | <input type="checkbox"/> | Yes - Please provide details | | |
| | | <input type="checkbox"/> | No | | |
| 6. Have you recently applied for any Scholarship and are awaiting an outcome? | | <input type="checkbox"/> | Yes - Please provide details | | |
| | | <input type="checkbox"/> | No | | |
| 7. Are you in receipt of a Centrelink allowance or have you applied? If yes, please complete attached Centrelink form. | | <input type="checkbox"/> | Yes –Complete form | | |
| | | <input type="checkbox"/> | No | | |
| 8a. Do you normally live in rural Western Australia, but have relocated (more than 100k) for the purpose of being able to study on campus during semester? | | <input type="checkbox"/> | Yes – Go to Question 8b | | |
| | | <input type="checkbox"/> | No – Go to Question 9 | | |
| 8b. If Yes, what is the name of the rural town or community where you normally live? Home Suburb _____ Postcode _____ | | | | | |
| 8c. How long have you/did you live rurally? From date: _____ To Date: _____ | | | | | |
| 8d. Where have you relocated to? Suburb _____ Postcode: _____ From Date: _____ | | | | | |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| If yes, would you find it hard to provide evidence of community acceptance? If so, please detail why: | | | | | |

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 Success

Applicants are required to provide evidence which demonstrates prior academic success. This could include:-

| | | |
|--|---|-----------------------------|
| TEE and/or WACE Exam Results TAFE Results | ATAR/TER Results School Certificates | ISIT Results 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

| | |
|--------------------------|--|
| <input type="checkbox"/> | Evidence of Australian Citizenship or Permanent Residency status |
| <input type="checkbox"/> | Completed Centrelink Customer Consent form (if answered yes to <i>Question 7</i>) |
| <input type="checkbox"/> | 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 (<i>Question 8a/ b/c</i>) |
| <input type="checkbox"/> | A written statement as outlined above. (<i>Question 10</i>) |
| <input type="checkbox"/> | Evidence of Academic Success. (<i>Question 11</i>) |

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](#)