

General Information

This form is to be used to apply for coursework scholarships, bursaries and grants at James Cook University. Please refer to the rules of each scholarship at www.jcu.edu.au/scholarships. All coursework scholarships are subject to the provisions of the Coursework Scholarships, Bursaries and Grants Policy.

1. Scholarship Details

Scholarship Name

2. Personal Details

| | | | | | |
|-------------------------------------|--------|----------------------|-------|--------------|----------------|
| Student No | | Date of Birth | \ | Title | |
| Full Name | | | | | |
| Gender | Male | Female | Other | | |
| JCU Email | | | | | @my.jcu.edu.au |
| Alternate email | | | | | |
| Home Address | | | | | |
| | Suburb | | State | | Postcode |
| Semester Address As above | | | | | |
| | Suburb | | State | | Postcode |
| Mailing Address As above | | | | | |
| | Suburb | | State | | Postcode |
| Phone Numbers | Home | | Work | | |
| | Mobile | | Fax | | |

3. Citizenship Details

Citizenship or residency status

| | | | | | |
|--------------------------|--------------------------|--------------------------|---------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | Australian Citizen | <input type="checkbox"/> | New Zealand Citizen | <input type="checkbox"/> | Australian Permanent Resident |
| <input type="checkbox"/> | Other (please specify) - | | | | |

4. Course Details

Course you will be studying

| | | | |
|--------------------------|---------------------------|--------------|--|
| <input type="checkbox"/> | Tertiary Access Course | | |
| <input type="checkbox"/> | Undergraduate | Course title | |
| <input type="checkbox"/> | Postgraduate (coursework) | Course title | |
| <input type="checkbox"/> | Postgraduate (research) | Course title | |

Education Background

| | | | |
|------------------------|--|----------------|--|
| Highest level attained | | Year completed | |
|------------------------|--|----------------|--|

5. Documentation Checklist

Refer to the **Scholarship Rules - Application Procedures** for the specific documentation requirements of the Scholarship you are applying for. Use the checklist below to list and confirm that all documentation has been attached.

| Attached | Documentation Requirement |
|----------|---------------------------|
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6. Declaration

You must read and accept all conditions in the following declaration and authority before submitting your application. Your application cannot be considered unless you accept these conditions. By signing this form you also:

- declare that you have read and understood the scholarship, bursary or grant details.
- declare that, to the best of your knowledge, all information supplied in this application is true and correct.
- recognise that it is your responsibility to provide all the necessary documentation to support this application as per the Scholarship Rules – Application Procedures.
- authorise JCU to verify any information provided by you.
- authorise JCU to contact any referees named in my application to seek additional information or clarification.
- are aware that your application and supporting documentation will only be considered for the scholarship named in Section 1 unless otherwise specified in the Scholarship Rules.
- are aware that the information you have provided may be shared with staff involved in the selection process
- are aware that the information you have provided may be shared with donor representatives involved in the selection process

Privacy

James Cook University complies with the Information Privacy Act 2009. The information contained in this form is collected for scholarship and administrative purposes. The information will be held by James Cook University and may be accessed and used by people employed by the University. Personal information will not be passed on to any other external bodies, other than as outlined above, without my authorisation unless required or authorised by law, or otherwise in accordance with the Information Privacy Principles. The provision of this information is voluntary, but if this information is not provided, the University may be unable to process my application or provide services to me. I have a right of access to, and correction of my personal information, subject to any exceptions in relevant legislation. I can direct any enquiries I may have in relation to privacy to the University's Privacy Officer (Deputy Director, Governance Support and Corporate Information, Governance and Corporate Services Office, James Cook University, Townsville Qld 4811).

| | | | |
|------------------|--|-------------|--|
| Full Name | | | |
| Signature | | Date | |

7. Submission

Submit the completed application along with all required supporting documentation:

- By **Email** to scholarships@jcu.edu.au
- By **Post** to Scholarships Officer, Enrolments & Fees, James Cook University, Townsville Qld 4811
- **In Person** at the Student Centre, Townsville - Education Central (Bld. 134) or Cairns - Chancellery Building (Bld. A1)

Arrow Energy- James Cook University
Aboriginal or Torres Strait Islander Descent Form

About this reference

This referee can only be filled out by an 'authorised referee'.

Authorised referees include:

- Chairperson, Secretary or CEO on an incorporated Indigenous organisation (including lands councils, community councils, housing organisations etc)
- School principal
- Minister of religion
- Treating health professional
- Manager of Aboriginal medical service
- Centrelink staff, Centrelink agent or other Government employee of 5 or more years.

1. Claimant Personal Details

Family name

First name

Second name

Other names used or been known by (e.g. name at birth, nickname, aboriginal or tribal name, alias).

Date of birth

Place of birth

Address

Applicants signature

Date

2. Statement by authorised referee

I confirm that:

- The applicants has signed this in my presence, or the applicant is currently km/hours away and I have identified them as the person named at question 1 by my personal knowledge of their circumstances.

- I am the authorised referee (as listed in column 1), and I have known the applicant:

professionally

personally

for years

- I can confirm the applicant information from:

Personal knowledge Church records

Organisation records Medical records

Council records School records

Other (give details below)

- I can confirm that the applicant is an identified member of the <Insert traditional owner group>

3. Authorised referee's details

Full name

Title or official position

ABN (if applicable)

 -

Phone number

()

Giving false or misleading information is an offence.
Referee's signature

Seal or stamp

Talent Release Form

I consent to Use of the Material by Arrow, Other User and each of their representatives, contractors and related bodies corporate and release them from any claim, loss or liability that I may have in connection with their Use of the Material.

I understand that I will not receive any payment or compensation for my consent and release.

Dated ___ / ___ / _____

Signature*

** If you are under 18 years of age, this form must be signed by your legal guardian. A legal guardian by signing this form also warrants that he/she is authorised to sign on your behalf.*

| Details | |
|--|---|
| My details <i>(i.e. person in photo, video or recording)</i> | Name _____ Address: _____ Postcode _____ State _____ Email: _____ Contact Tel: _____ |
| My legal guardian's details <i>(for a person under 18.)</i> | Name _____ Address: _____ Postcode _____ State _____ Email: _____ Contact Tel: _____ |
| Arrow | Arrow Energy Pty Ltd (ABN 73 078 521 936). <i>(http://www.arrowenergy.com.au/legal-and-privacy-info details how you can contact Arrow and also access, correction and complaint processes for any use of your personal information by Arrow.)</i> |
| Other User | Name _____ ABN (if applicable) _____ <i>(http://www. details how you can contact Other User and details access, correction and complaint processes for any use your personal information by Other User.)</i> |
| Material | _____ (media type) recorded or taken on ___ / ___ / ___ at _____ (location) by or on behalf of Arrow and Other User, and any part of that material, including my name, image, physical likeness or voice. |
| Use | Reproducing, copying, exhibiting, publishing, broadcasting or distributing for promotional, commercial, marketing or any related purpose by any media, including print, electronic and online (which will be able to viewed worldwide). |