*Complete this form and submit it, with supporting documentation to the HDR Team Leader Amy Stansfield* [*a.stansfield@unsw.edu.au*](mailto:a.stansfield@unsw.edu.au)

**Applicant Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Given Name(s): |  | Surname: |  |
| Student ID: |  | School or Centre: |  |

**Eligibility Statement**

Please identify which criterion/criteria under which you are eligible to be considered for this scholarship:

International student on home country scholarship of a lesser value than the RPT/UIPA

International or domestic student with a disability or illness

Student with carer responsibilities

Domestic student who has relocated from a remote or regional area to attend university

Domestic student living in an area identified as socio-economically disadvantaged

HDR candidate financially impacted by COVID-19

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| --- |
| Please provide a statement identifying the criterion/criteria under which you are eligible to be considered for this scholarship, and describing how you meet the eligibility criteria. Include any additional reasons you would like taken into consideration. Please provide supporting documentation as appropriate (max. 500 words) |
|  |

**Applicant Declaration:**

I declare that I am currently enrolled in a Higher Degree Research Program in the Arts & Social Sciences

I declare that I am on track for timely completion (within 4 years FTE for PhD or 2 years FTE for MARes)

I declare that I am not a Scientia Scholarship holder

I understand that, if I am awarded the equity scholarship, each subsequent year’s funding will be conditional on providing a declaration to state that the abovementioned circumstances have not changed or been resolved

|  |  |
| --- | --- |
| Applicant Signature |  |
| Date |  |

**Supervisor and/or Postgraduate Coordinator Nomination**

I declare that that the student meets the eligibility criteria for this funding scheme

|  |
| --- |
| Statement in support of application (100 words) |
|  |

|  |  |  |
| --- | --- | --- |
|  | Supervisor | Postgraduate Coordinator |
| Name |  |  |
| Signature |  |  |
| Date |  |  |