



CSU Student Number 

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You must read the RLPS Guidelines before completing this form. See:

<http://www.csu.edu.au/division/studserv/equity/docs/Guidelines%20for%20CSU%20RLPS%202010.pdf>

**1. Personal Details**

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_  
 Date of Birth:    /    /                      Email: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Daytime contact number: \_\_\_\_\_ Mode of study:     DE    Internal  
 Course Name: \_\_\_\_\_ Home Campus CSU: \_\_\_\_\_  
 Home Campus TAFE: \_\_\_\_\_ TAFE Contact person: \_\_\_\_\_  
 What is your highest level of education?    Year 10 to12     Completed TAFE Diploma     Completed University Degree   
 Would you like email notification that your application has been received?  Yes  No

**2. Eligibility**

1. Do you expect to be enrolled as an undergraduate student in a joint TAFE/CSU course in 2010?                      **Yes**  **No**   
      **If NO**, then you are not eligible for the CSU RLPS and should not complete this form

2. As part of assessing your scholarship eligibility, we need to know your total study load, combining your university and TAFE enrolments together. So we need to know the proportion for each, eg half-time CSU would be 16 points per session, generally this is 2 subjects. Half-time for TAFE would be 10 contact hours per week.  
 I have enrolled/will be enrolling in the following University and TAFE subjects:  
     **Study load at CSU:** Number of subjects in the current session                      1  2  3  4   
     **Study load at TAFE:** Subjects and Contact hours per week in current session    \_\_\_\_\_ contact hours

3. Special Circumstances - Has your CSU GPA has dropped below 3.0 because of special circumstances OR you have changed from on campus mode to Distance Education mode of study because of special circumstances or transferred course?  
 YES    NO  
 Are you or will you be enrolled in less than 3 subjects or 24 subject points this session?     YES  NO  
 **If YES**, to either of these questions it is compulsory to complete the 'Special Circumstances' Form, available on the web site: <http://www.csu.edu.au/division/studserv/equity/schols/ongoing.htm> . Please print and complete this form and return at the same time you submit your Application Form. If this form is not received you will be deemed to be ineligible.

4. Are you in receipt of, or will you be in receipt of any other scholarship/s in 2010 apart from RLPS?                       YES  NO

5. What is the name of the scholarship/s? \_\_\_\_\_    8. What was/is the date of the first payment? \_\_ / \_\_ / \_\_

6. What is the per annum value of the scholarship? \$ \_\_\_\_\_    10. What is the total value of the scholarship? \$ \_\_\_\_\_

**3. Citizenship**

Eligibility for a CSU RLPS is based on the following citizenship categories.  
 Please tick ✓ the appropriate box and attach a copy of any identified visa to your application form.

Australian citizen .....   
 Holder of an Australian permanent resident humanitarian visa .....

\* Please note NZ Citizens, Australian Permanent Residents, Temporary Protection Visa holders are not eligible for the RLPS.

#### 4. Financial Hardship

Financial Hardship will be taken into account when assessing applications for the CSU Rural Learning Partnership Scholarship Program.

- You only have to complete **ONE** question in this financial hardship section – Q6, Q7, or Q8.
- Meeting the financial hardship prerequisite scholarship eligibility criterion does not guarantee that you will be awarded a scholarship as CSU University Pathway Scholarship Program is awarded as a result of a competitive application process.

#### 7. Do you receive a means-tested Commonwealth income support payment e.g. Youth Allowance.

Abstudy, Austudy, Newstart, Disability Support Pension, etc.

Yes  No

If yes, please attach a current Centrelink Income Statement (dated no more than one month old)

*"Means-tested" income support payments are subject to both an income and assets test, as per the examples listed above. N.B. Family Tax Benefit Part A and Family Tax Benefit Part B are NOT income and assets tested payments.*

#### 8. Do you expect to receive a predicted means-tested income support payment before the CSU

HECS Census Date of session 1, 2010 (26 March 2010)?

Yes  No

(If you have answered yes to question 6 you do not have to complete this question).

If yes, what type of means-tested Commonwealth income support payment do you expect to receive in 2010? \_\_\_\_\_

**Important:** You will be required to provide details confirming your receipt of a means-tested Commonwealth income support payment before you receive your scholarship payment. Failure to provide these details will result in the award of a CSU University Pathway Scholarship being withdrawn.

#### 9. If you are not in receipt of a means tested Commonwealth benefit but wish to claim exceptional financial hardship? Only complete the personal statement below if you answered NO to Q6 or Q7 and you believe you can demonstrate *exceptional* financial hardship e.g. you are in a drought declared area, have low income, etc.

*This question is for applicants who experience exceptional financial hardship, but who are not in receipt of a means-tested Commonwealth income support payment. This generally does not include applicants whose family income is above the threshold for eligibility for a means tested Commonwealth income support payment in 2010.*

a) Explain why you are not eligible for a means-tested Commonwealth income support payment in 2010

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b) Describe the exceptional financial hardship you are experiencing and will continue to experience in 2010.

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c) What was the period of the exceptional financial hardship up until now? Years \_\_\_\_\_ Months \_\_\_\_\_

d) Do you expect your exceptional financial hardship to continue in 2010 and beyond? If so, for how long? Please explain why:

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#### Documentation required for demonstrating exceptional financial hardship

(i) You **must** attach to your application the following documents if applicable to you and any other documents you wish in order to demonstrate your exceptional financial hardship:

- an ATO *Notice of Financial Assessment* for the last financial year and a copy of a current payslip showing YTD income earned;
- a copy of your Health Care Card;
- Exceptional circumstances documentation for drought affected areas;
- a copy of a statement with details of any Centrelink payment you are receiving that is not both income and assets-tested.

(ii) If you are living with your parent/s (or with a partner) and you are being financially supported you must also attach to your application evidence of your parent/s' (partner's) income (e.g. an ATO *Notice of Financial Assessment* for the last financial year and a current payslip showing a YTD amount earned).

(iii) If you are being financially supported by your parent/s (whether you are living with them or not) or by your partner they must also prepare a statement that they are supporting you. In the statement they must also provide details of any other dependent children, including their ages and whether or not they are tertiary students at home or away.

**5. Other Circumstances: Sole Parent, Carer, Disability or long term medical condition, non-English speaking background or ATSI descent**

10. Describe your circumstances and how they affect your ability to undertake university study ie: specify if you are a sole parent, Carer, person with a disability or long term medical condition, Aboriginal or Torres Strait Island descent, non-English speaking background or from a rural/remote area (as per ASGC remoteness Lookup on : <http://www.csu.edu.au/division/studserv/equity/rses/docs/ASGCRemotenessLookupCSU.xls> ) ?

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11. Are you a sole parent?  YES  NO If yes, provide the following details for each of your dependent children:

<b>Children:</b> <i>list oldest to youngest</i>	<b>Age</b>	<b>School year:</b> <i>K-12 write year</i>	<b>Care arrangements: eg Day Care Centre, Family Day Care, family member, at home</b> <i>Please specify and include hours per week</i>
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			
Child 6			

12. Do you have carer\* responsibilities?  YES  NO

Describe the exact responsibilities you have, including who you care for, their relationship to you, and why they need a carer.

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a) Indicate the number of hours a week you undertake carer responsibilities.

Less than 15      15-20      21-30      31-40      41-50      51+

b) Do you expect these responsibilities to continue in 2010 and beyond? If so, for how long?

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\* If you are not in receipt of a *Parenting Payment (Single)* or, *Carer Payment* or *Carer Allowance* you must arrange for the following statement of support to be completed by a responsible person to support your sole parent/carer status. Examples of a responsible person are a school principal, year/careers adviser, doctor, lawyer, accountant, social worker, counsellor, religious or community leader. The person must not be related to you, and the responsible person must be aware of your need to undertake sole parent/carer responsibilities and be able to explain how this impacts or will impact on your ability to undertake university study.

### Responsible Person to Complete

Before you complete this statement, read the relevant parts of the applicant's Rural Learning Partnership Scholarships application.  
How long have you been aware (either personally or indirectly) of the circumstances described \_\_\_\_\_ months \_\_\_\_\_ years.  
The sole parent/carer circumstances are affecting/are likely to affect the applicants' ability to undertake university study in the following way/s: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Position/Occupation \_\_\_\_\_

Name of Organisation (if applicable) \_\_\_\_\_

Home Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Daytime contact number: \_\_\_\_\_ Alternative contact number \_\_\_\_\_ Fax \_\_\_\_\_

School stamp or business stamp (if one exists)

### English Language Difficulty

13. Do you come from a non-English speaking background? Yes  No
- (a) Will your English language difficulties resulting from your non-English speaking background affect your ability to study at university? If yes, complete the following questions to see if you are eligible to be considered for ongoing disadvantage due to English language difficulty. Yes  No
- (b) Did you come directly to Australia from a non-English speaking country before 2003? Yes  No
- (c) Before you arrived in Australia did you undertake any formal education at an institution where the language of instruction was English? Yes  No
- [This does not include study you may have undertaken to enable you to sit an English proficiency test recognised by participating institutions; e.g. the International English Language Testing System (IELTS).]*
- (d) Have you undertaken two or more years of full-time study in Australia in a diploma, advanced diploma, bachelor degree or higher level award? Yes  No

### Personal Statement relating to English Language Difficulty

- (e) Date you immigrated to Australia :     /     /
- (f) Details of your studies **before** you arrived in Australia: \_\_\_\_\_  
\_\_\_\_\_
- (g) Details of your studies **after** you arrived in Australia: \_\_\_\_\_  
\_\_\_\_\_
- ii) In which school year did you begin your secondary education in Australia (eg. Year 11) ? Do not include enrolment at an Intensive English Centre. \_\_\_\_\_
- iii) If applicable, please provide details of your 2008 Australian Year 12 studies: \_\_\_\_\_  
\_\_\_\_\_
- iv) If you have not undertaken any studies since you immigrated to Australia please provide a brief statement of what you have been doing since you arrived:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Documentation required for English Language Difficulty**

You must attach to your application a verified copy of your first immigration visa. If your current immigration visa specifies a different residency status from that specified on your first, attach verified copies of **both visas**.

If you attended an Intensive English Centre, attach a verified copy of your *Statement of Attendance*.

**Additional documentation**

- If you completed section d — For studies undertaken in Australia you must attach to your application verified copies of documentary evidence of studies.
- If you completed section h — Attach to your application a statement from your current school that includes a) the years you have attended the school and b) the school year you started at the school (e.g. Year 11).

School statements must be on school letterhead and must be signed by the principal or another senior person at the school.

List the verified documents you have attached to support this disadvantage here:

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**Long term Medical Condition, Disability or Ongoing affects of abuse**

14. Has your ability to study at university been affected, or is it likely to be affected, by the long-term and ongoing affects of:

- your severe, long-term or recurrent medical/psychiatric condition or illness; Yes  No
- your learning, sensory, physical, psychological or other disability/disorder; or Yes  No
- abuse (e.g. domestic violence, emotional abuse, psychological abuse, incest, ritual abuse, physical abuse, sexual abuse, or torture)? Yes  No

If you answered yes to any of these questions please complete the following Personal statement

**Personal Statement - Long term Medical Condition, Disability or Ongoing affects of abuse**

a) Describe the nature of your long-term medical condition, disability or ongoing affects of abuse.

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b) Do you expect your long-term medical condition, disability or the affects of your abusive circumstances to continue in 2010 and beyond? If so, for how long?

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c) Describe how your long-term medical condition, disability or the affects of your abusive circumstances is affecting, or is likely to affect, your ability to undertake university study.

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**Documentation required for Long term Medical Condition, Disability or Ongoing affects of abuse** *We cannot consider your application if you do not provide complete and correctly verified documentation.*

- You must arrange for the **Confidential statement of support** to be completed.
- You must arrange for the **Medical statement of support** to be completed.
- You must attach to your application **medical certificates/reports**.

If you have completed questions regarding a long-term medical condition, disability or ongoing affects of abuse you must arrange for this Confidential Statement of Support to be completed. Your application will not be assessed if you do not provide a Confidential statement of support.

- Confidential statement of support must be completed by a responsible person who can support your case.
- All parts must be completed.
- Examples of a responsible person are a doctor, lawyer, accountant, social worker, counsellor, religious or community leader. The person must not be related to you.
- Make a copy of this blank statement if you need to arrange for more than one person to support your case.
- The **Medical statement of support** and this **Confidential statement of support** must not be completed by the same person.

### Responsible Person to Complete – for Long term Medical Condition, Disability or Ongoing affects of abuse

Before you complete this statement, read the relevant parts of the applicant's Rural Learning Partnership Scholarships application.

a) How long have you been aware (either personally or indirectly) of the circumstances described \_\_\_\_\_months\_\_\_\_\_years.

The circumstances are affecting/are likely to affect the applicants' ability to undertake university study in the following way/s:

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b) Please indicate the likely continuing impact of the circumstances claimed by the applicant on their ability to undertake university study by ticking one:

Not at all  Slight  Moderate  Considerable  A great deal

c) Details of responsible person who completed above section. (This person must not be related to the applicant).

Name: \_\_\_\_\_Position/Occupation \_\_\_\_\_

Name of Organisation (if applicable) \_\_\_\_\_

Home Address: \_\_\_\_\_State: \_\_\_\_\_Postcode: \_\_\_\_\_

Daytime contact number: \_\_\_\_\_Alternative contact number \_\_\_\_\_ Fax \_\_\_\_\_

Signature: \_\_\_\_\_ Date: / /

School stamp or business stamp (if one exists)

### Medical Statement – for Long term Medical Condition, Disability or Ongoing affects of abuse

If you have completed questions regarding a long-term medical condition, disability or ongoing affects of abuse you must arrange for this Medical Statement of Support to be completed.

- The statement of support must be completed by a registered health professional who is familiar with your condition.
- Examples of a health professional are a medical practitioner, psychologist, or medical specialist. The person must not be related to you.
- This Medical statement of support and the Confidential statement of support must not be completed by the same person.

**Health Professional to complete – for Long term Medical Condition, Disability or Ongoing affects of abuse**

Before you complete this statement, please read the relevant parts of the applicant's Rural Learning Partnership Scholarships application.

a) With regards to long-term medical condition, disability or ongoing affects of abuse, please describe the condition affecting the applicant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) How long has the applicant been affected by the long-term medical condition, or disability or ongoing affects of abuse?

Years \_\_\_\_\_ Months \_\_\_\_\_

c) How many times have you seen the applicant during the past two years about their medical condition, disability or abusive circumstances?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d) What is or will be the affect on the ability for the applicant to undertake university study? Please comment on ways in which the applicant's long-term medical condition, disability or affects of abusive circumstances is affecting or is likely to affect his/her ability to undertake university study.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e) Please indicate the likely continuing impact of the long-term medical condition, disability or affects of abusive circumstances on the applicant's ability to undertake university study, by ticking one:

Not at all  Slight  Moderate  Considerable  A great deal

f) Details of registered health professional (e.g. a medical practitioner, psychologist or medical specialist, who is not related to the applicant)

Name: \_\_\_\_\_ Position/Occupation \_\_\_\_\_

Name of Organisation (if applicable) \_\_\_\_\_ Provider Number: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Daytime contact number: \_\_\_\_\_ Alternative contact number \_\_\_\_\_ Fax \_\_\_\_\_

Signature: \_\_\_\_\_ Date: / /

Practice or business stamp (if one exists)

\_\_\_\_\_

**Declaration – Australian Aboriginal or Torres Strait Islander**

15. Are you an Australian Aboriginal or Torres Strait Islander? Yes  No

Please insert Aboriginal/Torres Strait Islander organisation stamp here:

If you are an Australian Aboriginal or Torres Strait Islander, we accept the following as evidence of your Aboriginality:

- Confirmation that you are currently receiving ABSTUDY (please attach a current Centrelink income statement); or
- Correct completion of Declaration - Australian Aboriginal or Torres Strait Islander, in this application form.

If you are an Australian Aboriginal or Torres Strait Islander and you are not in receipt of ABSTUDY you must complete the following declaration. You must also arrange for the Statement of support (below) to be completed by a representative of an Aboriginal/Torres Strait Islander organisation who can verify your Aboriginal/Torres Strait Islander status. **DECLARATION:**

I, \_\_\_\_\_  
of \_\_\_\_\_  
(Current address)

- I am of Australian Aboriginal or Torres Strait Islander descent; AND Yes  No
- I identify as an Australian Aboriginal or Torres Strait Islander; AND Yes  No
- I am accepted as an Australian Aboriginal or Torres Strait Islander by the community in which I live, or have lived. Yes  No

If you have answered no to one or more of the above, your RLP Scholarship application will be assessed, but you will not be identified as an Australian Aboriginal or Torres Strait Islander. Do not arrange for the Statement of support to be completed. If you have answered yes to all three of the above, you must arrange for the following Statement of support to be completed.

Signature: \_\_\_\_\_ Date: / /

Giving false or misleading information is a serious offence under the Criminal Code (Commonwealth).

**Declaration by Organisation – Australian Aboriginal or Torres Strait Islander**

I, \_\_\_\_\_  
Representatives Name  
of \_\_\_\_\_  
Aboriginal/Torres Strait Islander organisation

Declare that \_\_\_\_\_ is accepted as an Australian Aboriginal or Torres Strait Islander in his/her community.

Declared at \_\_\_\_\_  
Place of declaration

Signature: \_\_\_\_\_ Date: / /

**6. Declaration – For provision of Third Party Health Information**

16. If you are providing health information about someone other than yourself, you should obtain that person's consent where possible\* by requesting that person to complete, sign and date the following declaration.

I, \_\_\_\_\_ give consent for \_\_\_\_\_ to supply health information about me in this RLP Scholarship application. I understand that I can access my health information by writing to the Student Equity Officer at CSU at the address given below.

Signature: \_\_\_\_\_ Date: / /

## 7. Payment Details

If this grant is approved, CSU Finance will deposit funds directly into your bank account. Please ensure that your bank account details are current by visiting <http://my.csu.edu.au> and following links to maintain personal details.

## 8. Privacy Statement, document check and signature

Personal information provided for the administration of the Rural Learning Partnership Scholarship program is protected by the Privacy and Personal Information Protection Act 1998 (NSW). The information collected will only be used by authorised staff to assess ongoing eligibility and administer the Rural Learning Partnership Scholarships. Students should be aware that they provide information of their own free will.

Personal information provided by you will not be made available to any person within the University or any person or organisation outside the University for any other purpose without the student's consent, except where the University may be legally required to do so and in order to confirm enrolment details provided with TAFE. Students may access their personal information to ensure that it is not inaccurate, irrelevant to the purpose for which it was collected, misleading, incomplete or out-of-date.

Students may also ask the Equity Officer to amend any of the information held about them or to add comments or explanations in relation to their information. To do any of these things, students should contact the Equity Officer.

Students dissatisfied with the way the University has handled their personal information may apply to have the matter reviewed by lodging a formal application with the CSU Ombudsman.

### CHECK LIST

Please tick the check list below to indicate you have read and understood the Rural Learning Partnership Scholarship guidelines and have attached the appropriate documentation as required:

- I certify that the information supplied on this form and in the accompanying documents is complete, true and correct. I understand that giving false or misleading information is a serious offence under the Criminal Code (Commonwealth).
- I understand that incorrect information may render my CSU Rural Learning Partnership Scholarship application invalid, and as such a case my scholarship may be revoked.
- I acknowledge that I have read and understood the CSU Rural Learning Partnership Scholarship Guidelines.
- I acknowledge that I have read the above Privacy statement
- I have provided my Centrelink income statement or other Financial Hardship evidence
- I have attached all necessary documents and ensured that they are correctly verified
- I have arranged for the Confidential statement of support to be completed, if required
- I have arranged for the Medical statement of support to be completed, if required
- I have attached original language transcripts and English translations of documents that are in a language other than English
- I have kept a copy of this application and all documents for reference.

Signature: \_\_\_\_\_ Date:     /     /

(Signature of applicant)

We collect information about you including the information you provide in this form, to assist in the assessment of your Rural Learning Partnership Scholarship application. We encourage you to inform those people whose personal information you have provided to us (such as the 'responsible person', 'health professional' and family members) of the matters contained in this declaration.

**Please return this form and supporting documentation no later than Friday 29 January 2010 to:**

Confidential – CSU Rural Learning Partnership Scholarship  
Equity Officer, Division of Student Services  
Charles Sturt University  
Panorama Avenue, Bathurst NSW 2795

OR SCAN & EMAIL: [equity.officer@csu.edu.au](mailto:equity.officer@csu.edu.au) OR FAX TO: 02 6338 4304