

CSU Masters Equity Scholarship (CSUMES)

Application

2010

PLEASE NOTE, THIS IS A ONE OFF APPLICATION DIRECT TO CSU

Application CLOSING date is Monday 4 January 2010

CHARLES STURT UNIVERSITY



STUDENT IDENTIFICATION

CSU Student Number

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PERSONAL DETAILS AND RESIDENCY STATUS

Name

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Title Given name Second given name Surname/Family name

Contact
Details

--

Number and name of street or PO Box number

Suburb

--

--

--

--

State

Postcode

Country

Daytime Telephone number (include area code)

--

--

Email address:

Mobile Telephone No:

--

--

Master Course Name:

Date of birth

CITIZENSHIP STATUS Only Australian Citizens and holders of permanent Humanitarian visa are eligible for the CSU Masters Equity Scholarship.

Tick ✓ the appropriate box below

Australian citizen

Holder of an Australian permanent resident humanitarian visa

Declaration and authority — all applicants to complete

Please read and sign the following declaration:

We collect information about you including the information you provide in this form, to assist in the assessment of your CSU Masters Equity 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 refer to the Privacy section of the CSUMES Guidelines Section 14 on page 8.

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

Signature of Applicant _____ Dated _____

FINANCIAL HARDSHIP INFORMATION

Financial hardship is a basic eligibility requirement for all CSU Masters Equity Scholarships.

- You will not be eligible for consideration for a CSUMES unless you are able to demonstrate financial hardship. You only have to complete **ONE** question in this financial hardship section – Q2, Q3, or Q4.
- If you answer **NO** to all questions in this financial hardship section of the application you are not eligible for an Equity Scholarship.
- Additional forms of disadvantage, responsibility or difficulty referred to in this application will not be considered unless you have met the prerequisite eligibility criterion of demonstrated financial hardship.
- Meeting the financial hardship prerequisite scholarship eligibility criterion does not guarantee that you will be awarded a scholarship as Equity Scholarships are awarded as a result of a competitive application process.

Q. 2 Do you receive a means-tested Commonwealth income support payment e.g. Austudy, ABSTUDY, Disability Support Pension, Newstart, Youth Allowance, etc.?

Yes No

Commonwealth means-tested income support payments are subject to an income and assets test. These include benefits such as listed above, etc. To check your benefit and other benefits that are means tested, please visit: www.centrelink.gov.au

- N.B. *Family Tax Benefit Part A and Family Tax Benefit Part B are NOT income and assets tested payments.*

§ If you answered yes, please attach a current Centrelink Income Statement

Q. 3 Do you expect to receive a predicted means-tested income support payment?

(STOP: If you have answered yes to the previous question you do not have to complete this question).

- Do you expect to receive a means-tested Commonwealth income support payment prior to 26 March 2010? Yes No
- If you answered yes, what type of means-tested Commonwealth income support payment do you expect to receive in 2010?

- **Important – if you have answered YES to Q.3.**
- **§** You must send a current copy of your Centrelink Statement to the Equity Scholarship Officer confirming your receipt of a means-tested Commonwealth income support payment by the Census Date of Session 1, 2010 (26 March 2010) before you can receive your scholarship payment. Failure to provide these details will result in the provisional offer for the CSU Masters Equity Scholarship being withdrawn.

FINANCIAL HARDSHIP DETAILS continued

Q. 4 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 Q.2 or Q3 and you believe you can demonstrate *exceptional* financial hardship.

This question is for a very small number of 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 2009/2010.

PERSONAL STATEMENT

a). Explain why you are not eligible for a means-tested Commonwealth income support payment in 2009/2010.

b). Describe the exceptional financial hardship you are experiencing and will continue to experience in 2009/2010.

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:

Documentation required for demonstrating exceptional financial hardship (please note is it compulsory to provide some documentation to support your financial situation):

- (i) You **must** attach to your application the following documents as applicable to you:
- an ATO *Notice of Financial Assessment* for the last financial year or copy of last financial year Group Certificate and copies of pay slips showing the YTD amount earned (this documentation is compulsory if relevant to your circumstances);
 - a copy of your Health Care Card;
 - Exceptional Circumstances Certificate or 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, Group Certificate for the last financial year or copy of current pay slip showing 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.
- (iv) Attach to your application any other documents you wish in order to demonstrate your exceptional financial hardship. List the verified documents you have attached to support your financial hardship here:

SOLE PARENT AND/OR CARER RESPONSIBILITIES

Q.5. Are you a sole parent?

Yes No

If yes, provide the following details for each of your dependent children.

Children <i>list oldest to youngest</i>	Age	School year K-12 <i>write year</i>	Care arrangements (e.g. Day Care Centre, Family Day Care, family member, at home) <i>please specify and include hours per week</i>
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			
Child 6			

Q.6 Do you have carer* responsibilities?

Yes No

* For the purpose of this application, a carer is defined as a person of any age who, without being paid, cares for another person who needs ongoing support because of a long-term medical condition, a mental illness, a disability, frailty or the need for palliative care. A carer may or may not be a family member and may or may not live with the person. Volunteers under the auspices of a voluntary organisation are not included. Applicants may be in receipt of a Centrelink Carer Allowance or Carer Payment.

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

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

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

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

Documentation required for sole parent and/or carer responsibilities

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 CSU Masters Equity Scholarships application.

How long have you been aware (either personally or indirectly) of the circumstances described: Years _____ Months _____

The sole parent/ carer circumstances are effecting/are likely to affect the applicant's ability to undertake university study in the following ways (please attach a separate statement to this application):

Name (print) _____

Position/occupation _____

Name of organisation (if applicable) _____

Address _____

State _____ Postcode _____

Daytime telephone No _____

Mobile Telephone No. _____

Fax No. _____

Signature

School stamp or business stamp (if one exists)

Date: _____

ENGLISH LANGUAGE DIFFICULTY

(If you have answered **No**, go to Q8)

Q.7 Do you come from a non-English speaking background?

Yes **No**

(a) Will your English language difficulties resulting from your non-English speaking background effect 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 2001?

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**

(e) Date you immigrated to Australia _____

(f) List details of your studies before you arrived in Australia. Please attach copies of any transcripts of previous studies to this application form.

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*.
- **If you completed section (d)** — for studies undertaken in Australia you must attach to your application verified copies of documentary evidence of studies.

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

LONG TERM MEDICAL CONDITION, DISABILITY OR ONGOING EFFECTS OF ABUSE

Q.8 Is your ability to study at university likely to be effected, or has been effected by the long-term and ongoing effects of:

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

If you have answered yes to any of the points in Q8 above please, complete the following Personal statement.

PERSONAL STATEMENT

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

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

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

Documentation required for long-term medical condition, disability or ongoing effects of abuse:

1. You must arrange for the *Confidential Statement of Support* to be completed.
2. You must arrange for the *Medical Statement of Support* to be completed.
3. You must attach to your application medical certificates/reports.

We cannot consider your application if you do not provide complete and correctly verified documentation.

CONFIDENTIAL STATEMENT OF SUPPORT

If you have completed questions regarding a long-term medical condition, disability or ongoing effects 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

Before you complete this statement, read the relevant parts of the applicant's CSU Masters Equity Scholarship application.

a) Details of disadvantage/s

How long have you been aware (either personally or indirectly) of the circumstances described by the applicant?

Years _____ Months _____

The circumstances are effecting/are likely to affect the applicant's ability to undertake university study in the following ways:

b) Impact of disability, medical condition or abuse on the applicant: *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 (print) _____ Position/occupation _____

Name of organisation (if applicable) _____

Address _____

Suburb _____ State _____ Postcode _____ Daytime phone number _____

Signature _____ Date _____

Institution stamp or business stamp (if one exists)

MEDICAL STATEMENT OF SUPPORT

If you have completed questions regarding a long-term medical condition, disability or ongoing effects 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 that 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

Before you complete this statement, please read the relevant **parts of the applicant's Equity** Scholarship application.

- a) Long-term medical condition, disability **or ongoing** effects of abuse. Please describe the condition affecting the applicant (a separate statement may be attached to this application if you require further space).

Please sign at the end of your written comment as well as at the end of this page.

- b) How long has the applicant been effected by the long-term medical condition, or disability or ongoing effects of abuse? _____ **Years** _____ **Months**
- c) How many times have you seen the applicant during the past two years about his/her medical condition, disability or abusive circumstances? _____
- d) What is or will be the effect on the ability for the applicant to undertake university study?

Comment on ways in which the applicant's long-term medical condition, disability or effects of abusive circumstances is affecting or is likely to affect his/her ability to undertake university study.

Please sign at the end of your written comment as well as at the bottom of this page.

Please provide details of any medication/treatment that is affecting or is likely to affect the applicant's ability to undertake university study.

Please sign at the end of your written comments as well as at the bottom of this page.

Impact: Indicate the likely continuing impact of the long-term medical condition, disability or effects of abusive circumstances on the applicant's ability to undertake university study, by circling:

Not at all Slight Moderate Considerable A great deal

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

Name (print) _____

Position/occupation _____ Reg/Provider No. _____

Name of organisation (if applicable) _____

Telephone _____ Fax _____

Signature _____ Date _____

Declaration — Australian Aboriginal or Torres Strait Islander

Q.9 Are you an Australian aboriginal or Torres Strait Islander?

Yes No

Evidence of Aboriginality

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

1. Confirmation that you are currently receiving ABSTUDY (please attach a current Centrelink income statement); or
2. 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, (name) _____

of _____

Applicant's current address

- am of Australian Aboriginal or Torres Strait Islander descent; AND Yes No
- identify as an Australian Aboriginal Torres Strait Islander; AND Yes No
- 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 Equity 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.

Applicants Signature _____ Date _____

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

You **must** arrange for the following *Statement of support* to be completed if you have answered yes to the three statements above.

STATEMENT OF SUPPORT

Representative's 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

Representative's Signature _____

Date _____

Please insert Aboriginal/Torres Strait Islander organisation stamp here:

DECLARATION – PROVISION OF THIRD PARTY HEALTH INFORMATION

- 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.

- Do you need to complete this **Yes** - Complete the declaration below **No** - go to the checklist below

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

**You may not be able to obtain that person's consent in writing, or it may not be appropriate to seek their consent due to extenuating circumstances. In this case you must provide an explanation. Please complete, sign and date the following declaration.*

After having taken reasonable steps to obtain third-party consent in order to provide health information about that person, I was unable to because:

Signature: _____ Date: _____

PRIVACY STATEMENT

Personal information provided for the administration of the CSU Honours Scholarships 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 CSU Honours 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. 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 Scholarships 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 Scholarship 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.

CHECKLIST

Before you submit your CSU Masters Equity Scholarships Application please check that you have:

- provided your Centrelink income statement
- attached all necessary documents and that they are correctly verified
- kept a photocopy of this application and all attachments for your reference
- arranged for the *Confidential statement of support* to be completed, if required
- arranged for the *Medical statement of support* to be completed, if required
- attached original language transcripts and English translations of documents that are in a language other than English
- I acknowledge giving false or misleading information is a serious offence under the Criminal Code (Commonwealth)
- I acknowledge that I have read the CSUMES Guidelines.
- I acknowledge that I have read the above Privacy statement
- I have signed and dated the declaration on the front page of this application.

Signature _____ Date _____

SUBMITTING YOUR APPLICATION

Scan and Email or Mail your application to:

Confidential – CSU Masters Equity Scholarships
Carol Colombero, Equity Scholarship Officer
Charles Sturt University, Division of Student Services
PO Box 789
ALBURY NSW 2640

Email: scholarships.officer@csu.edu.au
Telephone: 02 6051 9976