

**Personal details**

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other:	
Family name:	
Given names:	
Other name:	
Date of birth:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

**Contact details**

Home telephone:	
Telephone (other):	
Mobile telephone:	
Fax:	
Email:	
Home address:	
Suburb:	
State:	Postcode:
Country:	

**Scholarship selection**

Please select the criteria under which you are applying for this scholarship:

<input type="checkbox"/> Regional and Rural awards
<input type="checkbox"/> Aboriginal and Torres Strait Islander awards

**Ethnicity**

Are you of Aboriginal or Torres Strait Islander origin?

<input type="checkbox"/> No
<input type="checkbox"/> Yes, Aboriginal
<input type="checkbox"/> Yes, Torres Strait Islander
<input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander

Are you (please tick appropriate):

<input type="checkbox"/> An Australian Citizen
<input type="checkbox"/> A Humanitarian Visa holder

**Enrolment commencement**

Trimester:	Year:
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**Education details**

Please provide details of highest level of education received:

Name of qualification:
Institution:
Location:
Year completed:

**Checklist**

Have you:

<input type="checkbox"/> Included a one-page statement (maximum) with additional information relevant to the application.
<input type="checkbox"/> If required, included evidence of your Aboriginal or Torres Strait Islander status.
<input type="checkbox"/> If required, included evidence of home residence in an area that meets the ABS criteria for rural, remote or regional Australia.
<input type="checkbox"/> Completed this form fully and signed the declaration.

**Declaration**

I declare that all information provided on this form and supplied documents, is true and correct.

<b>Signature:</b>
Name (please print clearly):
Date:

**Please post, fax or scan and email this completed form back to ACAP:**

**ACAP Scholarships**

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