**The Aboriginal Advancement League Gift Advisory Committee**

**THE FLINDERS UNIVERSITY OF SOUTH AUSTRALIA**

**APPLICATION FOR GRANT**

**This form is to be used by Flinders University students only. If you are a UniSA student, please apply for this grant via myScholarships in your student portal.**

**Flinders University students:**

The scholarship is available to Australian Aboriginal and/or Torres Strait Islander students who are enrolled full-time or part-time in a postgraduate course or Medical degree at Flinders University. The scholarship is also available to students undertaking the Flinders University Doctor of Medicine in Darwin through the Northern Territory Medical Program (NTMP), or equivalent medicine program.

Selection for a grant will be based on the Grade Point Average achieved by applicants in their undergraduate courses; economic circumstances; a written statement; and a supporting statement from the applicant’s program director, course coordinator or supervisor.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Are you an Australian Aboriginal person and/or Torres Strait Islander in accordance with the Commonwealth definition which requires that you (each box must be ticked):** | | | | | |
| be of Australian Aboriginal or Torres Strait Islander descent | | | | Y | |
| identify as an Aboriginal person or a Torres Strait Islander | | | | Y | |
| be accepted as an Aboriginal person or Torres Strait Islander in the community in which you live or have lived. | | | | Y | |
| **Personal Details** | | | | | |
| Full name: | | | | | |
| Date of birth: | Mobile phone number: | | | | |
| Email address: | | | | | |
| Home address: | | | | | |
|  | | | | | |
| State: | | Postcode: | | | |
| What is your yearly personal or combined family income? | | | | | |
| Are you a permanent resident of South Australia? | | | Y | | N |

|  |  |  |
| --- | --- | --- |
| **Study Details** | | |
| Name of Postgraduate or Medical Course for which you are seeking the Grant: | | |
| SATAC code (if known) : | Full time | Part time |
| Stage of the course: | | |
| Please indicate anticipated date of completion: | | |
| Details of your undergraduate course(s) : | | |

|  |
| --- |
| **Checklist** |
| Please ensure you have provided the following:  Completed application form  Transcripts of your academic records in:   1. the program in which you are enrolled and 2. your undergraduate program   A personal written statement . Your written statement should outline:   * your community service involvement * the name of your current program and reasons for studying it * expected completion date * details of your undergraduate program and academic achievements * your future career goals * details of your yearly personal or combined family income.   A supporting statement from your program director, course coordinator or supervisor  A completed Affirmation of Aboriginality form – see bottom of this application form. |

Applicants should submit this completed application form and supporting documentation to:  
**UniSA Scholarship Office**

Student and Academic Services  
Email: [scholarships.prizes@unisa.edu.au](mailto:scholarships.prizes@unisa.edu.au)

I declare that the information given in this application form is true and complete in every particular

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

Signature Date

**University of South Australia**

**AFFIRMATION OF ABORIGINALITY**

The following documentation is acceptable as evidence of being Indigenous for the purpose of entry to the University of South Australia, use of Indigenous Student Services and for receipt of Indigenous Scholarships at the university.

Affirmation signed by the applicant in the presence of a witness, declaring that she/he identifies as an Australian Aboriginal or Torres Strait Islander; (see below)

**or**

Birth records or genealogies verified by a suitable authority as relevant to the applicant;

**or**

Confirmation in writing with the corporate seal from the chairperson of the Aboriginal or Torres Strait Islander incorporated organisation in a community in which the applicant lives or has previously lived.

**I**      

(FULL NAME)

**Born at**       **on**

(LOCATION) (DATE)

**Now living at**      

(CURRENT ADDRESS)

**am**      

*Aboriginal, Torres Strait Islander, Aboriginal and Torres Strait Islander*

(Please write one on the line above.)

I identify as such **and** I am accepted as such by the community in which I live.

I make this solemn declaration by virtue of the Statutory Declaration Act 1959 as amended, conscientiously believing the statements contained in this declaration to be true in every particular.

**Signature of Applicant Date**

**Witness name**

**Witness signature Date**