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| **GRANT SELECTION** | | | | | | | | | | | | |
| Select the grant(s) you wish to apply for:  UniSA Business School Student Mobility Grant   UniSA Business School Overseas Experience Grant | | | | | | | | | | | | |
| **PERSONAL DETAILS** | | | | | | | | | | | | |
| Student ID Number: |  |  |  |  | | |  |  | |  |  |  |
| Family name: | | | Given name(s): | | | | | | | | | |
| Preferred name: | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | |
| Suburb: | | | State: | | | | | | Postcode: | | | |
| UniSA email address: | | | | | | | | | | | | |
| Contact number: | | | | | | | | | | | | |
| **CURRENT STUDY DETAILS** | | | | | | | | | | | | |
| Program code: | | | | | | | | | | | | |
| Program title: | | | | | | | | | | | | |
| **STUDY DESTINATION AND PROGRAM DETAILS** | | | | | | | | | | | | |
| Country: | | | | | | | | | | | | |
| Name of Study Program: | | | | | | | | | | | | |
| Name of host institution or external provider: | | | | | | | | | | | | |
| During year: | During Study Period(s):  SP1  SP2  SP3  SP4  SP5  SP6  SP7 | | | | | | | | | | | |
| Program start date (DD/MM/YYYY): | | | | | Program end date (DD/MM/YYYY): | | | | | | | |
| **APPLICATION** | | | | | | | | | | | | |
| In **no more than 50 words** outline the exchange activity that you wish to apply the funding towards. Specifically, name the institution, the destination country and how it fits within your current program. Include copies of program information as an appendix. | | | | | | | | | | | | |
| *Exchange Activity* | | | | | | | | | | | | |
| In the space below, please provide a **250-300 word statement** addressing how this activity would contribute to your future career prospects and personal development and what you would like to achieve by undertaking this exchange opportunity. | | | | | | | | | | | | |
| *Personal Statement* | | | | | | | | | | | | |
| **EQUITY AND DIVERSITY** | | | | | | | | | | | | |
| Are you an Equity Student, as recognised by the University? \*If yes, please address your Equity status in your personal statement | | | | | | | | | | | | |
| Are you a student with a disability? \*Qualifying students will have an active UniSA student disability plan | | | | | | | | | | | | |
| Are you a student from rural and isolated areas? \*Please address how your status impacts on your study in your personal statement | | | | | | | | | | | | |
| Are you a student low socio-economic status? \*Evidence required such as a statement from Centrelink | | | | | | | | | | | | |
| Are you an Aboriginal or Torres Strait Islander? \*Registered on your student record | | | | | | | | | | | | |
| If you ticked any of the above boxes, please provide an additional supporting statement regarding a request for consideration on the basis of equity/disadvantage in the space below | | | | | | | | | | | | |
| *Equity statement (if applicable)* | | | | | | | | | | | | |
| **STUDENT DECLARATION** | | | | | | | | | | | | |
| I have researched the Exchange Partner and program that I wish to apply the funding towards | | | | | | | | | | | | |
| I understand how this activity will fit into my current UniSA Business School program and I know that this will complement my education at UniSA | | | | | | | | | | | | |
| I have received approval from my Program Director that this activity will count as credit towards my current UniSA program | | | | | | | | | | | | |
| I have included program information and/or flyers for my preferred programs an appendix to my application | | | | | | | | | | | | |
| I understand that if I am not successful in gaining this scholarship, there are [other funding opportunities](http://www.unisa.edu.au/Student-Life/Global-opportunities/Travel-grants/) available to me | | | | | | | | | | | | |
| I agree to inform Student Mobility immediately if there is any change to the information given in this application | | | | | | | | | | | | |
| I understand that the University of South Australia may vary or cancel any decision it makes if the information I have given is incorrect or incomplete | | | | | | | | | | | | |
| I understand that I will need to repay any grant paid to me should I not undertake a student exchange | | | | | | | | | | | | |
| I declare that the information provided by me in this application is true and complete | | | | | | | | | | | | |
| Name of student: | | | | | | | | | | | | |
| Signature of student: | | | | | | Date (DD/MM/YYYY): | | | | | | |