

GRANT APPLICATION FORM

UniSA Business School Student Mobility Grant | UniSA Business School Overseas Experience Grant | UniSA High Achiever Grant

The Peter McInnes Memorial Travel Grant

PERSONAL DETAILS										
Student ID Number:										
Family name: Given				n 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/Y	rogram 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							
\square 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							
\Box 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 <u>other funding opportunities</u> available to me							
☐ I agree to inform the Business School Student Mobility team 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 am able to demonstrate empathy and an understanding of cultural differences							
☐ I am in good health or have a manageable condition							
☐ 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):						