

Student Name: _____ Student ID: _____

If none, would you like the scholarship advertised? Yes No

Please register the opportunity: [here](#)

Research Project: _____

Funding Source: _____

For international applicants, is approval requested for a tuition fee scholarship (UNIPRS) from the DVC (R&I)

Yes No

Note: Tuition fees will be paid from the school cost collector. Overseas Student Health Cover (OSHC) will be funded from the living allowance cost collector/s specified below and provision of cover is a condition of a tuition fee scholarship.

SCHOLARSHIP LEVEL AND DURATION

SCHOLARSHIP BENEFITS AND FUNDING

The minimum living allowance must not be less than the equivalent APA minimum rate (\$25,849 per annum in 2015)

Living Allowance

APA equivalent rate: \$26,288 (2016 rate)

Will be indexed effective 1 January each year, but cannot be reduced for the duration of the scholarship

or

Above APA equivalent rate: _____

Cost Collector: _____ Percentage: _____

Please continue to specify cost collector and percentage if more than one source of funds is being used

Cost Collector: _____ Percentage: _____

Supplementation (optional)

Rate per annum: _____ Cost Collector: _____

To be advertised to the student as: Subject to annual review or for the duration of the scholarship

Optional Relocation allowance (\$1,520 standard): \$ _____

Optional Establishment allowance (\$500 standard): \$ _____

Optional Thesis allowance (\$500 standard): \$ _____

Cost collector for allowances: _____

Extended Periods of Leave

Please specify whether the scholarship funding allows:

Extension for sick leave (maximum of additional 12 weeks)

Extension for parental leave (maximum of 12 weeks for females and 2 weeks for males)

INTELLECTUAL PROPERTY

As a result of this funding (example: grant conditions) or otherwise, will this project involve IP? Yes No

APPROVALS

Supervisor: _____ Signature: _____ Date: _____

CI (grants only): _____ Signature: _____ Date: _____

Please ensure that your research grant conditions permit funding for this scholarship

Head of School: _____ **Signature:** _____ **Date:** _____

ADRT: _____ **Signature:** _____ **Date:** _____

(ADRT sign-off is only required when the faculty is funding a percentage of the scholarship)

**ARC FUNDING MAY NOT ALLOW FOR AWARD OF CERTAIN SCHOLARSHIP BENEFITS
SUCH AS ALLOWANCES AND OSHC. PLEASE CHECK YOUR GRANT CONDITIONS TO
ENSURE COMPLIANCE.**