

SCHOLARSHIP APPLICATION FORM

PLEASE WRITE CLEARLY IN ENGLISH AND IN BLOCK LETTERS. TICK BOXES WHERE APPROPRIATE.

STUDENT DETAILS (COMPULSORY)

Title <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify):		
Family name		Given name(s)
Date of birth (dd/mm/yyyy)	Student ID	Country of birth
Telephone (home/mobile)		
E-mail		
Country of citizenship		
Permanent address		Suburb
State	Postcode	Country

COURSE DETAILS

Undergraduate courses <input type="checkbox"/> Diploma of Business <input type="checkbox"/> Bachelor of Business <input type="checkbox"/> Subject (please specify):	Postgraduate courses <input type="checkbox"/> Graduate Certificate in Accounting <input type="checkbox"/> Graduate Certificate in Business Administration <input type="checkbox"/> Master of Professional Accounting <input type="checkbox"/> Graduate Diploma of Business Administration <input type="checkbox"/> Master of Accounting <input type="checkbox"/> Master of Business Administration <input type="checkbox"/> Graduate Certificate in Business Analytics <input type="checkbox"/> Graduate Diploma of Business Analytics <input type="checkbox"/> Master of Business Analytics <input type="checkbox"/> Master of Business Analytics (Extension) <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Subject (please specify):	
Campus (please tick): <input type="checkbox"/> Adelaide <input type="checkbox"/> Brisbane <input type="checkbox"/> Melbourne <input type="checkbox"/> Sydney	Intake (please tick): <input type="checkbox"/> March <input type="checkbox"/> July <input type="checkbox"/> November	Year (please tick): <input type="checkbox"/> 2020 <input type="checkbox"/> 2021

SCHOLARSHIP TYPE Please select one

<input type="checkbox"/> Regional Scholarship Please attach your essay on "How a Kaplan Business School degree will help you achieve success in the future".	<input type="checkbox"/> High Achievers Scholarship Please attach your essay on "How a Kaplan Business School degree will help you achieve success in the future".	<input type="checkbox"/> Athlete Support Scholarship Please identify your sport association registration below:
I confirm I have completed my 500 word essay: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required	I am aware this scholarship is awarded at the discretion of the Selection Committee: <input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL INFORMATION AND THE PRIVACY ACT

- The personal information you provide in your scholarship application is protected by Kaplan Business School's Privacy Policy available on the website www.kbs.edu.au.
- The information will only be used to determine whether or not you will receive the scholarship.
- A record of your application will be held on file at Kaplan Business School and recorded on the Kaplan Business School database.
- You have the right of access to all personal information Kaplan Business School holds about you unless there is a statutory reason for withholding it.

INFORMATION FOR APPLICANTS

- Please read the Scholarship Information Sheet to make sure you meet the Eligibility Criteria.
 - Complete the Application Form and make sure you have provided all the information requested.
 - Please carefully read and sign the student declaration.
 - Please send your completed application to scholarships@kbs.edu.au.
- Please provide a list of academic evidence enclosed:

STUDENT DECLARATION

I have read the scholarship Information Sheet and understand the terms and conditions of the scholarship I have applied for. The information I have provided in my application is a true and complete record of my academic history and I acknowledge that Kaplan Business School may cancel my scholarship if I have supplied false information.

I accept that my scholarship may be immediately cancelled unless I maintain a Credit average in my academic results.

I agree to be included in any promotional activities that Kaplan Business School wishes to run in conjunction with the awarding of this scholarship.

Student signature
Date (dd/mm/yyyy)

OFFICE USE ONLY

Campus <input type="checkbox"/> Approved <input type="checkbox"/> Not approved	
Name of authoriser	
Signature	Date (dd/mm/yyyy)
Form received by (staff member name)	
Student advised <input type="checkbox"/> Yes <input type="checkbox"/> No	Date (dd/mm/yyyy)
Date updated on Edupoint <input type="checkbox"/> Yes <input type="checkbox"/> No	Date (dd/mm/yyyy)