

PROPOSAL TO ESTABLISH A NEW SCHOLARSHIP
UNDERGRADUATE, HONOURS OR POSTGRADUATE COURSEWORK

STUDENT ADMINISTRATIVE SERVICES

1. **NAME OF PROPOSED SCHOLARSHIP:** (please indicate whether undergraduate or honours)

2. **NAME OF FUNDING BODY:** (if grant funded the department name should be put here and details completed at section 11)

3. **FIELD OF RESEARCH/STUDY TO BE SUPPORTED:**

4. **NUMBER OF SCHOLARSHIPS TO BE OFFERED:**

One award only

one renewable award (to be re-offered when first holder completes)

More than one award – please give details below:

5. **TYPE OF SCHOLARSHIP:**

One-off payment

Fortnightly allowance for duration of program

Other (e.g. short-term support, tuition fee waiver, summer research scholarship)

6. **LEVEL OF STUDY:**

Undergraduate Degree (Please provide title):

Honours Degree (Please provide title):

7. DURATION OF SCHOLARSHIP:

<input type="checkbox"/>	Duration of Program
<input type="checkbox"/>	One Year
<input type="checkbox"/>	Other = please specify dates: From: _____ To: _____

8. RESIDENCE QUALIFICATION:

Is this scholarship only for student who are Australian citizens or who have permanent residence status?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No – In addition to the stipend the scholarship should provide for payment of the full tuition fees for the course. The successful applicant will be liable to pay these fees if they are a non-resident of Australia.

9. STIPEND:

<input type="checkbox"/>	Fortnightly stipend of \$ _____ for the duration of program
<input type="checkbox"/>	Per annum rate of \$ _____
<input type="checkbox"/>	One-off payment of \$ _____
<input type="checkbox"/>	Other \$ _____ per _____

10. FUNDING ARRANGEMENTS FOR A UNIVERSITY DEPARTMENT OR CENTRE: (Must be completed if using a University account code. Departmentally established scholarships, e.g. if the person completing this form is a University employee, need to provide this information without exception. If you are unsure of a code or how to arrange invoicing, please contact the Business Manager for your Department).

Please provide a University account code: _____

Business Unit: _____

Fund Code: _____

Department Code: _____

Campus Code: _____

Project Code: _____

11. GRANT INFORMATION:

Is this scholarship funded from a grant obtained by the University?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No (Go to section 12)

If yes please provide the following information:

Grant Title: _____

Funding Body: _____

Project No: _____

12. FACILITIES:

Please indicate if your Department/organisation is able to offer special research or laboratory facilities or access to equipment

13. OBLIGATIONS OF THE SCHOLARSHIP HOLDER:

Will the scholarship holder be under any obligation whatsoever to your organisation?

(In order to qualify for tax exception under the Income Tax Assessment Act, income must be by way of a scholarship, bursary or other education allowance and must be received by a full time student. The student must not be under any obligation or be rendering any service to the funding body or the University. For more information see Section 51-10 of the Income Tax Assessment Act 1997 available at <http://law.ato.gov.au/atolaw.view.htm?locid='PAC/19970038/51-10'#51-10>).

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If yes please give details below:

14. INTELLECTUAL PROPERTY:

The University of Adelaide has developed policies on intellectual property. Where there are significant requirements the University prefers arrangements dealing with intellectual property to be specified and agreed to in advance or a least within the first six months of commencement of candidature. Please indicate if you believe any matter concerning intellectual property is likely to arise which should be resolved at or prior to commencement of the funding of this scholarship.

15. PLEASE COMPLETE YOUR DETAILS BELOW:

Signature: _____

Name in Full: _____

Position: _____

Organisation: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Date: _____

Please return completed form to:

Undergraduate Scholarships Office
The University of Adelaide
Student Administrative Services
Level 5, Wills Building
ADELAIDE SA 5005

Ph: (08) 8313 4224

Fax: (08) 8313 5550

Email: undergraduatescholarships@adelaide.edu.au

NOMINATION OF A STUDENT AS A RECIPIENT OF THE SCHOLARSHIP

If the scholarship is not advertised and you wish to nominate a particular student as the recipient, please complete the details below. All nominated students are subject to the approval of the University of Adelaide.

Please note that student must have applied and been accepted for a place in the relevant degree program.

Name: _____ ID Number: _____

Program Enrolled: _____ Commencement Date: _____

Proposed Department/Centre: _____

University Supervisor(s): _____

Signed: _____ Date: _____
Head of Department

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Scholarship proposal accepted on behalf of the University

Student nomination accepted on behalf of the University (if applicable)

Refer to Committee for discussion and approval

Signed: _____ Date: _____
Convenor, Coursework Scholarships Committee

Comments: _____

