

Entered in Sydney Student:

Scholarships Office

Level 4, Jane Foss Russell Building G02 The University of Sydney NSW 2006 E: scholarships.office@sydney.edu.au W: sydney.edu.au/scholarships

APPLICATION TO RECEIVE AN UNDERGRADUATE SCHOLARSHIP **PART-TIME**

Please complete this form and return it to the Scr	10larships Office via em	all or post -	- see top-	right for addresses.
Student Number:				
Title: Given Name/s:	Family Nam	e:		
Telephone number:	USYD Email:			
Faculty:	Degree:			
Name of Scholarship:				
Proposed part-time period: from//	to/	/ D	uration:	
Reason/s for studying part-time:				
Please attach relevant documentation – (e.g. medicareason stated above I am aware that it is my responsibility to notify the	·			,
Signed (Scholarship holder):		_ Date:	/	
NB: The part-time rate for undergraduate scholarships. However please note that for Commonwealth Scholarships continue to receive the full-time rate, even if you are study the Commonwealth Costs Education Scholarships, Commonwealth Costs Education Scholarships, Indigenous Commonwealth Costs Education Scholarships, Indigenous Commonwealth Scholarships.	s the amount you receive or ring part-time, for a maximum nonwealth Accommodation	each semest um of 8 seme Scholarship	esters. This s, National	s is only applicable to Priority Scholarships,
Office use only				
I recommend/don't recommend continuation of this student's	s scholarship at the part-tim	e rate for:		
Signed:	Date:			
Due to recommence FT: End date of Schol	arship: Final S	cholarship P	ayment:	

Confirmation email sent: