



APPLICATION TO RECEIVE COMMONWEALTH SCHOLARSHIP PART-TIME

Please complete this form and return it to Scholarships Office. **Please print clearly.**

Student Number: _____

Title: _____ Given Name/s: _____ Family Name: _____

Address for correspondence: _____

Suburb _____ P/Code: _____

Telephone number: _____ Usyd Email: _____

Faculty: _____ Degree: _____

Name of Scholarship: _____

Proposed part-time period: from ____ / ____ / ____ to ____ / ____ / ____ Duration: _____

Reason/s for studying part-time:

Please attach any relevant documentation – A4 typed page (e.g. medical certificates, documentation from the faculty etc) to support your reason stated above.

I am aware that it is my responsibility to notify the tax office if I am receiving a scholarship part-time (see below)

Signed (Scholarship holder): _____ Date: ____ / ____ / ____

NB: Please note that for Commonwealth Scholarships the amount you receive each semester will not change. You will continue to receive the full-time rate, even if you are studying part-time, for a maximum of 8 semesters. This is applicable only to the Commonwealth Costs Education Scholarships, Commonwealth Accommodation Scholarships, National Priority Scholarships, National Accommodation Scholarships, Indigenous Commonwealth Education Costs Scholarships and Indigenous Commonwealth Accommodation Scholarships.

If you study part-time your scholarship will not be exempt from income tax. Please note the University does not withhold any tax from your scholarship payment. Please be aware of this when preparing your tax return. For more information on tax implications while you are studying part-time please check our website: sydney.edu.au/scholarships/school/faqs.shtml#ato.

Please note, this form is only an application to receive your scholarship part-time. Please contact your Faculty directly to request part-time study approval.

Office use only

I recommend/don't recommend continuation of this student's scholarship at the part-time rate for:

Signed: _____ Date: _____

Due to recommence FT: _____ End date of Scholarship: _____ Final Scholarship payment: _____

Entered in FlexSIS: _____ Confirmation email sent: _____