



The University of Sydney

Scholarships and Prizes Office

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E: scholarships_reception@usyd.edu.au
W: www.usyd.edu.au/scholarships

APPLICATION TO RECEIVE SCHOLARSHIP PART TIME

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

Student Number: _____

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

Address for correspondence: _____

_____ Suburb _____ P/Code: _____

E-mail: _____

Telephone number/s: _____

Faculty: _____ Degree: _____

Name of Scholarship: _____

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

Reason/s for studying part-time: _____

PLEASE ATTACH ANY RELEVANT DOCUMENTATION (E.G. MEDICAL CERTIFICATES ETC) TO SUPPORT YOUR REASON STATED ABOVE

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

NB: Please note that for Commonwealth Scholarships the amount you receive each Semester will not change (you will be paid at the full time rate when you are attending part time).

There may be tax implications whilst you are studying part time please check our website:
<http://www.usyd.edu.au/scholarships/current/tax.shtml>

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: _____ Final Scholarship payment: _____

Entered in FlexSIS: _____ Confirmation email sent: _____