

Personal details

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other: (Please specify)	
Family name:	
Given names:	
Date of birth:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

Contact details

Mobile telephone:	
Home telephone:	
Telephone (other):	
Email:	
Home address:	
Suburb:	
State:	Postcode:
Country:	

Scholarship selection

Please select the scholarship you are applying for:

<input type="checkbox"/> NCPS Criminology and Justice Excellence Scholarship
<input type="checkbox"/> NCPS Aboriginal and Torres Strait Islander Scholarship
<input type="checkbox"/> NCPS Regional and Rural Scholarship

Ethnicity

Are you of Aboriginal or Torres Strait Islander origin?

<input type="checkbox"/> No
<input type="checkbox"/> Yes, Aboriginal
<input type="checkbox"/> Yes, Torres Strait Islander
<input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander

Are you (please tick appropriate):

<input type="checkbox"/> An Australian Citizen
<input type="checkbox"/> A Humanitarian Visa holder

Education details

Please provide details of highest level of education received:

Name of qualification:
Institution:
Location:
Year completed:

Checklist

Have you:

<input type="checkbox"/>	Included a 500-word statement (maximum) giving the reasons for wanting to study criminology and justice.
<input type="checkbox"/>	Included a 500-word statement (maximum) demonstrating breadth of academic interests and achievements, community involvement and leadership, success in the arts and/or sporting achievements.
<input type="checkbox"/>	Include evidence of your Aboriginal or Torres Strait Islander status. (Required for Aboriginal or Torres Strait Islander Scholarship)
<input type="checkbox"/>	Include evidence of home residence in an area that meets the ABS criteria for rural, remote or regional Australia. (Required for Regional and Rural Scholarship)
<input type="checkbox"/>	Completed this form fully and signed the declaration below.

Declaration

I declare that all information provided on this form and supplied documents, is true and correct.

Signature:
Name (please print clearly):
Date:

Please post or email this completed form back to NCPS:

NCPS Scholarships
Level 10, 123 Lonsdale St
Melbourne, VIC 3000 Australia
E admin@ncps.edu.au