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| What is the Carol Friday Scholarship? |  |

Carol Friday was a strong advocate and champion of the Victorian maternal and child health sector, having worked to improve nursing conditions and practiced as secretary of the MCH (now VAHCHN) special interest group in the late 1980's. The Department of Education and Training is dedicating this scholarship in honour of Carol Friday, who passed away in tragic circumstances with her son, for a fully funded place in the Master of Nursing in Child, Family and Community at La Trobe University.

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| How much is the scholarship? |  |

The scholarship is valued at a maximum of $26,430 to support the cost of tuition in the Master of Nursing in Child, Family and Community at La Trobe University.

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| Who is eligible to apply? |  |

To be eligible to apply, you must:

* be registered as both a Division 1 nurse and midwife with AHPRA
* be currently enrolled in and have successfully completed a minimum of 60 credit points towards a Master of Nursing in Child, Family and Community Nursing at La Trobe University
* have achieved a minimum WAM of 70% to date
* be an Australian citizen, holder of an Australian permanent resident visa or permanent humanitarian visa
* be a resident of Victoria

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| How are the applications assessed? |  |

The recipient of the scholarship shall be selected jointly by the Department of Education and Training and the University based on:

* submission of the completed application form
* a personal statement describing an interest in and commitment to maternal and child health through academic work, research and/or practice
* documentary evidence to support your personal statement from appropriately qualified individuals or organisations

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| Helpful information |  |

* **Detailed information:** Make sure you provide full details requested in Sections 1, 2 and 3 of this application. Otherwise your application may not be assessed appropriately. All information will be treated with strict confidentiality.
* **Supporting documentation:** Supporting documentation is written verification from someone who is qualified to comment on your circumstances. The person must not be related to you or in a close personal relationship with you.
* **False or misleading information:** La Trobe University reserves the right to withdraw an offer of a bursary and re-assess the application if the University believes the recipient has provided false or misleading information in the application form or subsequently.
* **Late applications:** applications received after the closing date may be accepted by staff ***only if accompanied by a signed formal request*** outlining ***exceptional circumstances*** ***outside your control*** that have resulted in a late application, e.g. serious illness or other personal crisis. The selection committee will later determine whether or not a late application will be considered, based on the explanation you provide. *(Note: Reasons relating to employment, placements, holidays or other activities that you choose to engage in are unlikely to be considered “exceptional”.)*
* **Assessment process:** the assessment will commence after the application closing date. You will be notified of the outcome via email approximately 2 weeks after the application closing date. To ensure that all candidates are treated with equity, staff are unable to discuss the progress of an individual application.

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| Where to submit the completed application form |  |

You may submit your completed application form via email or post only.

Email: [scholarships@latrobe.edu.au](mailto:scholarships@latrobe.edu.au) by no later than Friday 21 April 2017.

Post (postmarked on or before Friday 21 April 2017) addressed to:

PRIVATE & CONFIDENTIAL

Senior Officer, Admissions and Scholarships

Student Operations

David Myers Building

La Trobe University VIC 3086

**Confidentiality**

All information provided by applicants will be treated as confidential. At La Trobe University, we respect the privacy of your personal information. We collect personal information in your application to determine your eligibility for a scholarship, bursary or grant, and to assess your application as part of the ranking and allocation process. In accordance with privacy laws, personal information about you contained in your application will not be used for any other purpose or disclosed to any person who is not part of the La Trobe assessment and allocation process, without your permission. You may have the right to access personal information we hold about you, subject to any exceptions in relevant laws, by contacting the Scholarships Unit as noted below. The La Trobe University privacy policy can be viewed at: [www.latrobe.edu.au/privacy/](http://www.latrobe.edu.au/privacy/)

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| **Section 1: personal details** |  |

Student number:

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| Family name | Given names | | | | | | | | | |
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| Address |  | | | | | | | | | |
|  | | | | | | | | | | |
| Suburb | State | | | Postcode | | | | | | |
|  |  | | |  | | | | | | |
| Telephone (day time) | Mobile | | | | | | | | | |
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| Email | | | | | | | | | | |
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| **Section 2: personal statement and supporting documents** |  |

* 1. Please provide as a separate attachment, your personal statement (no more than 1000 words) detailing:
* Your interest in and commitment to maternal and child health

Your statement must be typed and include your name, signature and the date.

* 1. Please also attach the following:
     + Two referee statements from individuals or organisations qualified to support your personal statement.

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| **Section 3: declaration** |  |

**I (your full name)**

Being the applicant for the Carol Friday Scholarship, do solemnly and sincerely declare that the statements made in this application and in the accompanying documents are true in every particular, to the best of my knowledge and belief.

I understand that if I provide inaccurate information in this application this may result in cancellation of an offer of a scholarship or termination of a scholarship that has been paid and refund to the University of any monies received by me.

I also understand that the scholarship assessment and allocation process is competitive and that not all applicants who meet the eligibility criteria will be awarded a scholarship.

Further, I understand that giving false and misleading information is a serious offence under the criminal code (Commonwealth).

I have read and understood the information on page one of this form, including the declaration and agree to these conditions.

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| Student signature | Date |
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| **Section 4: checklist** |  |

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|  | | | | | Circle YES or N/A where appropriate | |
| I have read and understood the eligibility criteria of the Carol Friday Scholarship. | | | | | YES |  |
| I have completed all relevant sections of the application form and included copies of all the required documentation. | | | | | YES |  |
| I have completed, signed and attached my personal statement (Section 2). | | | | | YES |  |
| I have attached supporting documents as outlined in Section 2. | | | | | YES |  |
| Any other supporting documents attached? Please list them here: | | | | | YES | N/A |
|  | • | | | |
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| Name of applicant: | |  | | | | |
| Signed: | |  | Date: |  | | |