

Part A (to be completed by Scholarship Recipient)

Surname/ Family Name:

Given Names:

Student ID:

Male

Female

Email:

Date of Birth:

dd/mm/yyyy

Banking Details:

Name of Financial Institution:

(ie: Bankwest, Unicredit, ANZ)

Branch: (Suburb)

BSB Number:

Account Number:

Account Name:

Recipients Signature: _____

Date: _____

Please forward to HDR Scholarships Office, Graduate Research School

Part B (to be completed by Scholarships Office)

Domestic:

☐

International:

☐

Scholarship Title:

Year First Offered:

Annual Stipend:

 \$

Fortnightly Stipend:

 \$

Commencement Date:

Expiry date:

Cost Centre Number

☐

Tax Free

Scholarship Title:

Year First Offered

Annual Stipend:

 \$

Fortnightly Stipend:

 \$

Commencement Date:

Expiry date:

Cost Centre Number

☐

Tax Free