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 (from overseas)

CRICOS CODE 00017B

Admissions Manager/Agent's Stamp  <b>Rob Field</b> CampusDownUnder.com 2020 Fieldstone Parkway, Suite 900 - 250 Franklin, TN 37069 Ph 615.696.7292
Application sent:

Attach photo here
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## Undergraduate Scholarship Form

### 1 Personal Details

Title  Surname or family name

Preferred name (or nickname)  Male  Female

Country of birth

Are you an Australian permanent resident? Yes  No   
 If 'yes' please provide a copy of your visa with this application.

Address for correspondence (overseas applicants do not use PO Box No.)  
  
  
  
 State  Postcode/Zip code  
 Country

Phone (include area code)  
 Home  
 Mobile  
 Business hours/Work

School/college

Do you suffer from any condition - medical or otherwise, which will require Bond University to make special provision for you, either academically or with regard to on-campus accommodation? Yes  No   
 If yes, you are required to provide documentation with your application

Given name(s)

Date of birth  Day  Month  Year

Citizenship

Permanent home address  
  
  
  
 State  Postcode/Zip code  
 Country

Email   
 Please print clearly - your email address will be used for all correspondence regarding the processing of your application.

Fax (include area code)

### 2 Preferred course of study

Degree - Preference 1 (if combined degree list as one preference only ie. BA/BIT)

Degree - Preference 2

Commencement semester (tick one box only and insert appropriate year)  
 January 20 \_\_\_\_\_  May 20 \_\_\_\_\_  September 20 \_\_\_\_\_

### 3 Scholarships available

Please mark the box relating to the scholarships you wish to be considered for. Please ensure you have read the information regarding eligibility and application criteria in the Bond University Scholarships Brochure.

- |  |   |
|--|---|
| <input type="checkbox"/> Vice-Chancellor's Scholarship                     | <input type="checkbox"/> Corporate Scholarship                    |
| <input type="checkbox"/> Australia Day Scholarship - Victoria only         | <input type="checkbox"/> Collegiate Scholarship                   |
| <input type="checkbox"/> Vynka Hohnen Scholarship - Western Australia only | <input type="checkbox"/> John Burton Cadetship (Print Journalism) |
| <input type="checkbox"/> Sporting Scholarship                              | <input type="checkbox"/> Dean's Scholarship                       |



## 7 Privacy Collection Statement

Bond University ('BU') may collect personal information about you, including:

- the information on this form;
- information provided by your nominated next of kin in relation to this application; and
- information on other forms or documents requested by, and provided by you or other educational institutions to BU.

BU collects this information for the purpose of:

- assessing your application;
- providing services to you;

- unless you indicate that you do not wish BU to use your personal information for this particular purpose by placing a tick in the adjacent box, providing you with information about other services that BU offers that may be of interest to you;
- facilitating BU's internal business operations, including the fulfilment of any legal requirements;
  - analysing BU's services and customer needs with a view to developing new and/or improved services; and
- unless you indicate that you do not wish BU to use your personal information for this particular purpose by placing a tick in the adjacent box, providing you with promotional information about BU.

**In the case of visa details, BU is required to collect this information pursuant to Australian Immigration Laws.**

BU may disclose personal information about you to:

- service providers, who assist BU in operating its business, however, these service providers are required to comply with BU's privacy policy in how they handle your personal information;
- a purchaser of the assets and operations of BU's business, providing those assets and operations are purchased as a going concern;
- its related entities;
- in the case of untrue or misleading information, the Australian Vice-Chancellors Committee ('AVCC') or any AVCC member institution;
- in the case of an emergency involving you, your next of kin; and
- your agent, whose details appear on the front of this form, and/or your next of kin for the purpose of processing your application.

*If the personal information you provide to BU is incomplete and/or inaccurate, BU may be unable to process this application and/or be unable to provide you with the services you are seeking.*

You may access the personal information BU holds about you in accordance with BU's privacy policy.

Students who have a disability and who require BU to adjust a process or procedure or wish BU to provide equipment or other physical aids, must disclose the nature and extent of the disability to BU. As part of the application process students with a disability must contact the University's Disability Support Officer on telephone (07) 5595 4002, to confidentially discuss their requirements.

## 8 Declaration

I understand that it is my responsibility to provide all documentation requested by the Office of Recruitment and Admissions and authorise BU to obtain, where necessary, any further information from my nominated next of kin and the appropriate educational institutions.

I hereby declare that to the best of my knowledge all information submitted or made available by me to BU, whether in relation to any course of study or otherwise, is true, accurate and complete. If any information is considered to be untrue or misleading in any respect, I consent to the collection, storage and disclosure by BU, the AVCC, or any AVCC member institution of a record of any such information or any other irregular activity. I understand that any record stored or disclosed according to this system may contain personal details about me from which I may be identifiable.

I understand that BU reserves the right at any stage to withdraw a place which has been offered on the basis of incomplete or incorrect information.

\_\_\_\_\_  
Signature of applicant (or guardian if under 18 years old)

/ /

\_\_\_\_\_  
Date

I consent to BU providing information relating to the processing of my application to the agent whose details appear on the front of this form and/or my nominated next of kin.

\_\_\_\_\_  
Signature of applicant (or guardian if under 18 years old)

/ /

\_\_\_\_\_  
Date



