



GRADUATE RESEARCH AND SCHOLARSHIPS OFFICE

INTERNATIONAL LIVING ALLOWANCE SCHOLARSHIP FORM (INCLUDING
PROPOSAL TO ESTABLISH SPECIAL NAMED SCHOLARSHIPS)

This form is to be used to advise the Scholarships Office of funding arrangements for living allowances other than UPA(IS). Scholarships funded from School or Faculty funds will be called University International Stipends (UIS). Please nominate a title for all special named scholarships. The Head of School and School Manager must certify that funding is available for the living allowance for up to 3.5 years.

1. NAME OF PROPOSED SCHOLARSHIP (FOR SPECIAL NAMED SCHOLARSHIPS ONLY):

2. NOMINATION OF A STUDENT AS A RECIPIENT OF AN INTERNATIONAL LIVING ALLOWANCE SCHOLARSHIP:

Please complete the details below.

Full Name: _____

- Proposed Degree: PhD (minimum 3 years funding unless prior candidature)
- Masters (minimum 2 years funding unless prior candidature)

Proposed School(s): _____

Proposed Scholarship Commencement Date: _____

Supervisor: _____

Supervisor Signature: _____ Date: _____

3. BENEFITS PAYABLE: [Annual level of funding]

Please indicate the proposed level of benefits and indexing where appropriate (stipends are paid fortnightly).

- Equivalent to an Australian Postgraduate Award or a University Postgraduate Award (\$22,500pa in 2010) plus \$3,500pa Top-Up – **Total: \$26,000pa is minimum stipend for 2010.** Stipend to be indexed annually.
- Extra Top-Up \$ _____ per annum
- SIRF India 50% funding - \$13,000 pa \$ _____ per annum
- Other Amount/Rate (please specify amount): \$ _____ per annum
(Only in **exceptional cases** will a scholarship be approved at a level less than the minimum rate of \$26,000pa. **Supporting documents will be required providing details.**)
- Additional Allowances (please specify amount): \$ _____ per annum
Purpose of Additional Allowances (eg Travel, Operating Expenses etc): _____

4. CONDITIONS AND OBLIGATIONS OF SCHOLARSHIP:

Are there any specific conditions attached to this scholarship?

- YES – Please specify: _____
- NO if insufficient space, please use “ADDITIONAL INFORMATION” box below

Will the scholarship holder be under any obligation to the funding organisation? (The student must not be under any obligation or be rendering any service to the funding body or the University to qualify for tax exemption under the Income Tax Assessment Act).

- YES – Please specify reason: _____
- NO if insufficient space, please use “ADDITIONAL INFORMATION” box below

5. SOURCE OF FUNDING: [Essential information for Research Quantum]

Please tick **ONE** and provide **ALL** required details.

OPERATING GRANT [Fund Group 10 or 63]

Business Unit Number: _____ Project Grant No: _____

Grant Holder or School Manager: _____ Signature: _____

BEQUEST GRANT [Fund Group 70-72 Please contact Treasury & Investments if a new PG is required]

Business Unit Number: _____ Project Grant No: _____

Grant Holder or School Manager: _____ Signature: _____

EXTERNAL FUNDING - ESTABLISHED RESEARCH GRANT [Fund Group 30 through 55]

(Attach copy of grant documentation stating the funds can be used for a scholarship)

Project Grant Title: _____

Business Unit Number: _____ Project Grant No: _____

Chief Investigator Name: _____ Signature: _____

End Date of Project Grant: _____ (End date to exceed scholarship completion date).

EXTERNAL FUNDING - NEW SCHOLARSHIP AGREEMENT

EXTERNAL FUNDING [New Project Grant to be set up by GRISO]

A written agreement/offer from the funding body providing the following information must be attached:

- Name of funding body (and department if applicable) and person authorising the offer
- Amount and purpose of funding provided
- Duration of funding
- Any conditions attached to the scholarship
- Frequency of invoicing required (to be carried out by GRISO)

[For assistance with Agreements, contact the Research Contracts Lawyer in Legal Services]

Business Unit (To hold new Project Grant): _____ Project Grant No: NEW

Proposed Grant Manager: _____ Project Grant Title: NEW

Funding Body Name & Section: _____

Funding Body Contact Name(s): _____

Email: _____ Contact Number: _____

Invoicing Address: _____

6. ADDITIONAL INFORMATION:

Please use this space for any pertinent information that cannot fit elsewhere

7. AUTHORISATIONS:

The Head of School and School Manager certifies that funds are available for the tenure of the award from the Project Grant nominated on this form. Should the funds not be available at any time during the tenure of the award, the School will guarantee continuance of payment of the full stipend for the duration of the scholarship.

School Manager: _____
Signature: _____
Please initial page 1 _____ Date: _____

Head of School: _____
Signature: _____
Please also initial all _____
pages _____ Date: _____

Please forward to: **The Graduate Research & Scholarships Office (M358),
The University of Western Australia
Tel: (08) 6488 8148 / 6488 1584 Fax: (08) 6488 1919
Deadline: Friday 1st May 2009**

<p>Office Use Only: Date Received:..... Application Approved:..... Scholarships Officer:.....</p>
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