



GRADUATE RESEARCH AND SCHOLARSHIPS OFFICE

PROPOSAL TO ESTABLISH A POST GRADUATE AD HOC SCHOLARSHIP

An Ad-Hoc Postgraduate Scholarship is established for a specific purpose and it is intended to be offered to only one student for a specified period of time. An Ad-Hoc Scholarship may be established for one of the following reasons:

- To provide full scholarship support for a student;
- To provide a partial scholarship which is supplementary to a primary award as a means of attracting high calibre students to a particular research area;
- Or as an award to provide continuity of funding for a student for a limited period following the expiry of a primary award.

For additional information on the completion of these forms and to ensure that the proposal meets all regulations and other criteria, please refer to the current Ad-Hoc Scholarship Guidelines available from: <http://www.scholarships.uwa.edu.au/forms>. It should be noted that a student cannot be offered a scholarship unless they are enrolled or eligible to be enrolled in a postgraduate research course at this university.

INCOMPLETE FORMS WILL BE RETURNED TO SENDER

1. NOMINATION OF A STUDENT AS A RECIPIENT OF THE SCHOLARSHIP:

Please complete the details below. Admission is subject to the approval of the Graduate Research School.

Full Name: _____ Student ID: _____

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

Proposed School(s): _____

Candidature Approved: YES NO - The student will be required to apply to the Graduate Research School for candidature. Applications for Ad Hoc Scholarships **will not be** approved unless the student has been accepted for candidature at The University of Western Australia.

Scholarship Commencement Date/Proposed Commencement Date: _____

Supervisor: _____

Supervisor Signature: _____ Date: _____

2. NAME OF PROPOSED SCHOLARSHIP:

3. TYPE OF SCHOLARSHIP/S TO BE OFFERED:

Full Scholarship – Can this award be held in conjunction with other awards?
 YES
 NO – Please specify reason: _____

Supplementary or Top-Up scholarship (not to exceed 75% of primary award if held)
(Top-ups to APA/UPA scholarships are not to exceed \$15,320 in 2009)

Extension of scholarship support

4. TENURE: [Only in exceptional cases will a scholarship be approved for less than 2 years for Masters or 3 years for PhD]

Specify the period of tenure of award: _____

If less than the minimum tenure, provide reason: _____

SM Initial _____ HOS Initial _____

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5. RESIDENCE QUALIFICATION/ELIGIBILITY:

Is this scholarship restricted to Australian or New Zealand citizens or those who have permanent residence status?

YES

NO – If the scholarship is open to international students, how are the international student tuition fees to be paid? _____

if insufficient space, please use "ADDITIONAL INFORMATION" box below

6. 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 plus \$5000pa Top-Up (\$25,427pa in 2009) including annual indexing

Top-Up or Supplementary (please specify amount): \$ _____ 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 combined University Postgraduate Award & Top Up award. **Supporting documents will be required providing details.**

Additional Allowances (please specify amount): \$ _____ per annum _____

Purpose of Allowances (eg Travel, Operating Expenses etc): _____

7. 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

8. 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 [Continued Over...]

SM Initial _____ HOS Initial _____

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

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 GRSO)

[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: _____

9. ADDITIONAL INFORMATION:

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

10. AUTHORISATIONS:

School Manager: _____

Signature: _____

Please initial page 1 & 2 _____ Date: _____

The Head of School 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.

Head of School: _____

Signature: _____

Please initial page 1 & 2 _____ Date: _____

Please forward to: **The Graduate Research & Scholarships Office (M358),
The University of Western Australia
Tel: (08) 6488 8148 / 6488 2807 Fax: (08) 6488 1919**

Office Use Only:

Date Received:..... Application Approved:..... Scholarships Officer:.....