

Application

Form Preview

Eligibility

* indicates a required field

Introduction

The Sisson Family Scholarship is available to students who reside in, and have completed their Year 12 at a Government school, in the Mildura and Murray Plains Districts, intend to study Science or Biomedicine at the University of Melbourne, and are experiencing disadvantaged circumstances.

Before you complete this application form, please read the application, eligibility and selection criteria.

See: [Sisson Family Scholarship](#)

Your details

Name *

First Name

Last Name

Email *

Must be an email address.

Date of Birth *

Must be a date.

Basic eligibility

Are you an Australian citizen or Australian permanent resident, or a New Zealand citizen? *

Yes

No

Are you currently living in the Mildura or Murray Plains Districts? *

Yes

No

Use the [Victorian Electoral Commission - Find my electorate](#) to find the District you are living in.

Are you current completing Year 12 at a Government school in the Mildura or Murray Plains Districts? *

Yes

No

Use the [Victorian Electoral Commission - Find my electorate](#) to find the District your school is located.

Do you intend to undertake the Bachelor of Science or Bachelor of Biomedicine at the University of Melbourne following completion of Year 12? *

Yes

No

See: [Bachelor of Science](#) or [Bachelor of Biomedicine](#)

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Ineligible

You do not meet one or more of the basic eligibility requirements and will not be considered for the Sisson Family Scholarship.

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* indicates a required field

About you

How do you identify your gender? *

- Female Indeterminate Male Prefer to not say

Do you identify as Aboriginal or Torres Strait Islander? *

- Yes No

Is your education affected by financial disadvantage? *

- Yes No

Are you currently receiving Centrelink benefits? *

- Yes No

Are your parents currently receiving Centrelink Family Tax Benefit (A or B)? *

- Yes No

Attach a copy of a recent Centrelink statement *

Attach a file:

Explain your financial circumstances *

Do you have a disability or medical condition? *

- Yes No

What is the name of the disability or medical conditions? *

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Is your education disadvantaged by difficult personal circumstances? *

Yes

No

Briefly describe your circumstances including timelines *

About your studies

At which school are you currently enrolled?

Other:

Which University of Melbourne course do you wish to undertake after completing Year 12? *

Bachelor of Biomedicine

Bachelor of Science

Agreement and privacy

* indicates a required field

Your agreement

By clicking "I declare" and submitting this application:

- I confirm that that the information which I have provided in this form is true, correct and complete.
- I agree that this is a binding declaration and that the University may request information to verify this information.
- I will notify the University of any changes to this information by [contacting Stop 1](#)
- I accept that the University may rescind any grants awarded as part of this program and recover any payments made as part of this grant at any time, if I provided false, misleading or incomplete information.

Declaration *

I declare

Your privacy

The information on this form is being collected by the University of Melbourne for the purpose of scholarship selection, administration and evaluation. The information will be used by authorised staff for the purpose for which it was collected, and will be protected against unauthorised access and use. Your information may be made available to the donor of the scholarship.

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