

CQUNICARES EMERGENCY GRANT APPLICATION

The CQUniCares Emergency Grant provides financial assistance to low-income students who are experiencing financial hardship as a result of an unanticipated or emergency situation. Applicants will need to demonstrate the impact of the situation on their ability to complete their studies.

PERSONAL DETAILS					
Student ID		Mobile			
Given name/s		Family name			
Postal Address					
Are you an Australian or New Zealand citizen or holder of an Australian Permanent Visa? (must have a permanent home address in Australia) Yes No					
Have you successfully complet	ed at least one term of stud	y at CQUniversity?		Yes	No
Have you received a CQUniCares Emergency Grant in the last 12 months?				Yes	No
Are you a cross-institutional student (your home institution is not CQU)?				Yes	No
PERSONAL STATEMENT					
Write a personal statement (r				nces and hov	v the
CQUniCares Emergency Grant	t would help assist you in or	der to continue you	ır studies.		
DECLARATION					
I confirm that the information progiving false or misleading information it is paid scholarship funds. I understance or misleading information it is paid scholarship funds. I understance or the scholarship funds.	tion is a serious offence under may result in penalty or termin	the Criminal Code Act ation of the scholarsh	1995 (Cth). ip, and I ma	I understand y be required to	that if I provide to return any

Please submit your application to studentscholarships@cqu.edu.au



Student Signature

Date