

MQ POSTGRADUATE SCHOLARSHIP APPLICATION FORM



The MQ Postgraduate Study Scholarships offer professional staff the opportunity to undertake postgraduate level studies at Macquarie University or MGSM on a part-time basis.

Please complete this form, scan or attach all relevant supporting documents and email to develop@mq.edu.au by the closing date.

Please note: incomplete applications will not be accepted.

SECTION 1 - EMPLOYEE DETAILS			
Family Name:		First Name:	
Date Started at MQ:		Staff Number:	
Faculty/Office:		Department/Unit:	
Email Address:		Contact Number:	
Position Title:		HEW Level:	
Employment Status:	<input type="checkbox"/> Continuing OR <input type="checkbox"/> Fixed Term - please indicate the end date:		
Employment Type:	<input type="checkbox"/> Full Time OR <input type="checkbox"/> Part Time - please state no. of days/hours per week:		
Please note: Preference will be given to staff who have not yet or not recently received a scholarship or grant.			
SECTION 2 – PROPOSED PROGRAM			
I wish to be considered for:			
<input type="checkbox"/> Entry to the following postgraduate program with scholarship:			
Degree:		in <input type="checkbox"/> MGSM OR <input type="checkbox"/> Faculty of:	
OR			
<input type="checkbox"/> Articulation to the following postgraduate program with scholarship:			
Degree:		in <input type="checkbox"/> MGSM OR <input type="checkbox"/> Faculty of:	
SECTION 3 - EMPLOYEE DECLARATION			
I declare that:			
<input type="checkbox"/> I have attached the Letter of Admission to the program.			
<input type="checkbox"/> I have attached a copy of my original application for admission to the program.			
<input type="checkbox"/> I have attached a copy of my resume and/or statement demonstrating a track record of achievement in my career.			
<input type="checkbox"/> all information in this application is correct.			
<input type="checkbox"/> if I am awarded a scholarship, I agree to provide evidence of my successful completion of the program.			
Employee signature:		Date:	



SECTION 4 – BENEFITS OF PROPOSED PROGRAM

What skills, knowledge and/or experience do you expect to develop?

What are the direct benefits to your role?

What are the benefits to the University?

How is this Program relevant to your career within the University?



SECTION 5 – MANAGER STATEMENT OF SUPPORT

You require a statement of support from your manager. Applications without this statement will not be considered.

Full Name:		Position Title:	
Email Address:		Contact Number:	

What knowledge, skills and/or abilities will the staff member gain from the proposed program?

What are the benefits to your Office/Department?

What contribution will completion of this program make to the creation of new opportunities within the department or office for the participant?

I approve this application for admission to the above MQ program with scholarship. I understand that, if successful, the staff member may require support from this Office/Department in the form of study time.

Signature of Manager:		Date:	
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SECTION 6 – ONE-UP MANAGER STATEMENT OF SUPPORT

You require a statement of support from your one-up manager. Applications without this statement will not be considered.

Full Name:		Position Title:	
Email Address:		Contact Number:	

What knowledge, skills and/or abilities will the staff member gain from the proposed program?

What are the benefits to your Office/Department?

What contribution will completion of this program make to the creation of new opportunities within the department or office for the participant?

I approve this application for admission to the above MQ program with scholarship. I understand that, if successful, the staff member may require support from this Office/Department in the form of study time.

Signature of One-up Manager:		Date:	
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