



The University of Sydney

Tanya Sackville Memorial Scholarship in Clinical Psychology 2009 Application Form

(This document is available from <http://www.psych.usyd.edu.au>)

Original + 2 identical copies of this application form, complete with supporting documentation, (a total of 3 sets) must be submitted to the Clinical Associate Head, Clinical Psychology Unit, School of Psychology

LATE, FAXED and E-MAILED applications will NOT be accepted.

The Tanya Sackville Memorial Scholarship was established in 2008 through a donation from Tanya's parents, Justice Ronald Sackville and Mrs Pamela Sackville, with matching funds from the School of Psychology and Faculty of Science, and additional donations from relatives and friends of the family. The purpose of this annual scholarship is to provide financial support to postgraduate clinical doctorate students studying clinical psychology, and is intended for those students who demonstrate both academic excellence and financial hardship or need.

The scholarship shall be awarded under the following conditions:

1. The name of the scholarship shall be the Tanya Sackville Memorial Scholarship in Clinical Psychology.
2. The value of the annual scholarship is \$7,000, payable as two six-monthly allocations.
3. One scholarship will be awarded annually. If there are no suitable candidates in any one year, two annual scholarships may be offered the following year.
4. The scholarship shall be awarded by the School of Psychology, on the recommendation of the Dean. Successful applicants will be selected by the Head of School in consultation with the Clinical Associate Head and other senior academics of the Clinical Psychology Unit involved in the Doctorate in Clinical Psychology/Master of Science degree.
5. The tenure of the scholarship is one year. Students are eligible to reapply.
6. The scholarship shall be open to full-time students in the School of Psychology's Doctor of Clinical Psychology/Master of Science degree
7. Applicants must be Australian citizens or have permanent resident status.
8. Applicants shall be required to submit an application form with full academic records attached.
9. Applicants shall be receiving or in receipt of Centrelink support in the previous year and/or provide evidence of financial hardship.
10. The scholarship may not be awarded to an applicant who is in receipt of another award of equal or higher value.
11. Scholarship allowances will be paid in two six-monthly allocations.

APPLICATION FORM

1. Full Name of applicant

Title Mr Mrs Miss Ms Dr

Surname or Family Name _____

Given Names _____

2. Date of Birth

e.g. 01/03/84

Day Month Year

3. Contact Details

Address _____

Suburb/City _____

State _____

Postcode _____

Country (if not Australia) _____

Daytime telephone number/s _____

E-mail address _____

4. Resident status (to be completed by all applicants)

a. Are you an Australian citizen? Yes No

If **YES**, attach a certified copy of either your *birth certificate*, *passport* or *citizenship certificate* to each copy of your application.

If **NO**, you are **ineligible** to apply and should not complete this form.

5. Scholarship eligibility – checklist (to be completed by all applicants)

b. In 2009, will you be in receipt of another equivalent award/scholarship? Yes No

If **YES**, you **may be ineligible** to apply.

6. University of Sydney Student Number (if previously or currently enrolled)

7. Current or previous awards

Are you currently receiving or have you previously held a **postgraduate research** award or scholarship?

Yes No

Name of award: _____

Value: Institution:

Start date: _____ End date: _____

8. Academic referees

Please give details of **two** academic referees who are familiar with your studies. You must forward the attached *Academic Referee's Report* form to your referees and request them to send their report directly to the Clinical Associate Head, Clinical Psychology Unit.

First referee

Title: _____ Name: _____

Position: _____ School/Department: _____

Institution: _____

Telephone: _____ E-mail: _____

Second referee

Title: _____ Name: _____

Position: _____ School/Department: _____

Institution: _____

Telephone: _____ E-mail: _____

9. Financial Hardship or Need

Please provide a personal statement (no more than one page) outlining:

1. The financial hardship being experienced (for example, receipt of Centrelink payments or other documentation)
2. How long this has existed in the past
3. How long it is anticipated to continue in the future

Please attach additional copies of any documents in support of your claim of exceptional financial hardship.

1. Do you hold, or have you applied for any other scholarship, bursary or cadetship?

Yes No

If YES, provide details:

2. Employment During Semester: Name of Employer:

3. Hours Worked Per Fortnight:

10. Declaration

I declare that the information supplied by me on this form and supporting documentation is complete, true and correct.

I agree to abide by the University's conditions of award as amended from time to time. I note the effect prior scholarship(s) and/or candidature may have on the tenure of the award.

I am aware that there are severe penalties for providing false or misleading information, including exclusion of my application and cancellation of scholarship support. I am also aware that giving false or misleading information is a serious offence under the *Criminal Code* (Commonwealth).

APPLICANT'S FULL NAME _____

APPLICANT'S SIGNATURE _____ DATE _____

Privacy Statement

In accordance with the University of Sydney Privacy Policy, the information you provide for this application is collected and held by the University in order to assess candidates for the Vice-Chancellor's Research Scholarships, Australian Postgraduate Awards, University of Sydney Postgraduate Awards and other postgraduate research scholarships, and for administrative and statistical purposes including publicising the names, areas of research and other relevant details of successful applicants. Enquiries regarding access to and correction of the personal information should be directed in the first instance to the Research Office.

Statutory Declaration by Applicant

I (name) _____ of (address) _____

Do solemnly and sincerely declare that the particulars I have given are true and complete in every respect. And I make this solemn declaration, conscientiously believing the same to be true, and in virtue of the provisions of the Oaths Act, 1900.

Signature of Applicant _____

Made and signed before me in Sydney this _____ day of _____ 20____

Signature of Justice of the Peace: _____