EQUALS INTERNATIONAL

Darryl Cameron Scholarship — Application Form

This scholarship provides $2,000 toward tuition fees for Aboriginal and Torres Strait Islander students studying health or community services at EQUALS International. Complete all sections and email your form to scholarship@equals.edu.au

*Fields marked * are required.*

Section 1 — Your Details

First Name *

Last Name *

Preferred Name

If different from your legal name

Date of Birth *

Phone Number *

Email Address *

Residential Address *

Section 2 — Identity

Do you identify as Aboriginal and/or Torres Strait Islander? *

- ☐ Aboriginal
- ☐ Torres Strait Islander
- ☐ Both
- ☐ Prefer not to say

Country / Mob / Community (optional)

Sharing this is voluntary

Are you an Australian citizen? *

- ☐ Yes — Australian citizen
- ☐ No

Section 3 — Enrolment Details

Which course are you applying for or currently enrolled in? *

- ☐ Master of Social Work (Qualifying)
- ☐ Diploma of Nursing
- ☐ Diploma of Mental Health
- ☐ Certificate III in Pathology Collection
- ☐ Diploma of ECEC
- ☐ Bachelor of Human Services
- ☐ Diploma of Community Services
- ☐ Certificate III in Individual Support
- ☐ Certificate III in ECEC
- ☐ Other (please specify)

If other, please specify

Enrolment status *

- [ ] Applying to enrol
- [ ] Currently enrolled
- [ ] Planning to enrol

Intended or current start date *

Section 4 — Financial Need

Tell us a little about your financial situation and why this scholarship would make a difference for you. *

There are no right or wrong answers — just be honest. A few sentences is fine.

Section 5 — Your Story

Why do you want to work in health or community services? *

Tell us what motivates you and what you hope to achieve.

Is there anything else you would like us to know about you or your circumstances?

Optional — share anything you feel is relevant.

EQUALS INTERNATIONAL

Darryl Cameron Scholarship — Application Form

Section 6 — Referee

Please provide one person who can speak to your character, community involvement, or commitment to study. This may be an Elder, community worker, employer, teacher, or health professional.

Referee Name *

Relationship to You *

Phone Number *

Email Address

Organisation (if applicable)

Section 7 — Declaration

By submitting this form, I confirm that:

- The information in this application is true and correct.
- I identify as Aboriginal and/or Torres Strait Islander.
- I am an Australian citizen.
- I understand that meeting the eligibility criteria does not guarantee an award.
- I understand the scholarship is applied to tuition fees and cannot be paid as cash.
- I give permission for EQUALS to contact my referee.

Applicant Signature *

Date *

Email your completed form to scholarship@equals.edu.au

Call us on (08) 8110 1200 | equals.edu.au