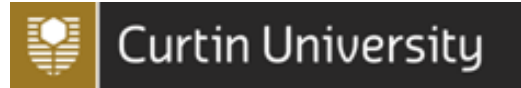


HDR Scholarship Payment Starting Advice



Student Details

STUDENT ID	SURNAME	GIVEN NAME/S
<input type="text"/>	<input type="text"/>	<input type="text"/>
STUDENT EMAIL	CONTACT NUMBER (REQUIRED)	
<input type="text"/>	<input type="text"/>	
PERSONAL EMAIL (REQUIRED)	GENDER Male Female Other	
<input type="text"/>		

BANKING DETAILS

NAME OF FINANCIAL INSTITUTION	BRANCH
<input type="text"/>	<input type="text"/>
ACCOUNT NUMBER	BSB NUMBER
<input type="text"/>	<input type="text"/>
ACCOUNT NAME	
<input type="text"/>	

STUDENT DECLARATION (please tick each statement)

I acknowledge that failure to submit this information in a timely manner, may delay the commencement of my scholarship payments.

I confirm that the information I have provided on this application including any supporting documentation, is true and accurate to the best of my knowledge.

Student Signature: _____ **Date submitted:** _____

Please return this completed form to research_scholarships@curtin.edu.au