2024 Thesis Completion Support Grant Form

For Higher Degree by Research Students



Graduate Research School

research.scholarships@uts.edu.au

Level 2 Building 15, 622 Harris St, Ultimo

Please refer to the <u>Thesis Completion Support Grant guidelines</u> before submitting this application. Completed and approved <u>forms</u> including all signatures and requested documents must be received by the Graduate Research School by the published closing date.

1. Student Details									
Surname			First name						
Faculty			Student ID						
Course			Study mode	Full-time		Par	rt-time		
Domestic or International									
international									
2. Financial C	onsideration								
household incor	t demonstrate financial hard me and expenses table in ac the application guidelines for	dition to o	ne of the categories	below (if ap			ipulsory		
	alth Care/Pension/Low Inco	·		Yes	No		Attached		
2. Receiving Centrelink payment such as Austudy, parenting payment, carer payment, rental allowance or other financial assistance									
It is <u>compulsory</u> that you provide an estimate of your monthly household income and expenses in the table below, and attach evidence of your and/or your partner's income (e.g. copies of payslips and your Australian Taxation Office - Notice of Assessment, Tax Return).									
Household Incor	me (please include all income)	Per Month	Household Expenditu	ıre		F	Per Month		
Paid employment	.,		Rent/Mortgage						
Centrelink benefits	S		Food and groceries						
Scholarships			Household bills (e.g. ele	ctricity, gas, pl	hone, inte	rnet)			
Income from assets (e.g. trust fund, rent, etc.)		Care arrangements for dependents (e.g. child care)							
Partner's income			University expenses						
Child support			School fees						
Personal savings			Medical bills						
Other			Transport expenses						
			Insurance (e.g. health, household, car)						
		Sport/Leisure							
			Other						
TOTAL:			TOTAL:						
3. Eligibility C	Consideration								
To be eligible fo	r the Grant, applicants mus	t provide e	vidence of financial	hardship (lo	w incom	ne) ar	nd meet		
_	e or more of the following o	-		p (,			
	the guidelines for the require		na documentation)						
Supporting							rting		
						Docum	nentation		
1. Are you					Attached				
2. Do you h	2. Do you have a disability, impairment, chronic medical condition, Yes No Attac					Attached			



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	illness, or long-term medical condition that affects your studies?							
3	. Are you a sole parent**?	Yes No Attached						
4	. Do you have carer responsibilities***: one of your dependents, experienced a significant health-related matter that prevented yo from engaging in your research studies? A medical certificate and any relevant ongoing treatment documentation must be provided							
5	. Are you a female student in a non-traditional area of study?	Yes No Attached						
* Australian Aboriginal and/or Torres Strait Islander. Find out more about confirmation of Aboriginal or Torres Strait Islander descent via the Australian Institute for Aboriginal and Torres Strait Islander Studies website. Applicants may be required to provide evidence of the above to the Jumbunna Institute for Indigenous Education and Research. ** To be considered as having sole parenting responsibilities, an applicant must meet the criteria of being a person of any age who is single and has at least one dependent child under 18 who is wholly or primarily in their care and who is in Australia. *** To be a considered having carer responsibilities an applicant must meet the criteria of being a person of any age who, without being paid, cares for another person who is in Australia and who needs ongoing support because of a long-term medical condition including COVID-19 related, a mental illness, a disability, frailty or the need for palliative care. A carer may or may not be a family member and may or may not live with the person they care for, but must be residing in Australia; or may be in receipt of a Centrelink Carer Allowance or Carer Payment. Volunteers under the auspices of a voluntary organisation are not included.								
4.	Proposed Use of the Grant							
Appl	cants must show how they plan to use the Grant to complete their	thesis within 6 months.						
1	. What is the grant amount that you are applying for? \$							
3	Are you within your Funded EFTSL period i.e. Expected Work Submission (EWS) date? . When is your official Expected Work Submission (EWS)?							
4	. When do you plan to submit your thesis for examination?							
 Please attach a Statutory Declaration addressing the following points: Why you are applying for the Grant, including your financial circumstances and eligibility for one or more of the eligibility groups as described in section 3. Your own assessment of progress on your thesis to date as well as a timeline for completion. A budget summary of how you would use the Grant to complete your thesis within 6 months (use of the funds may include, but are not limited to, your thesis submission costs, support for your studies, or household costs). If you are a carer, one of your dependents experienced a significant health-related matter directly or indirectly related to COVID-19, which prevented you from progressing your research studies. 								
For further information regarding the Statutory Declaration, including a list of the required supporting documentation, please refer to the application guidelines.								
	Eligibility Check							
Pleas	ease check that you have met all the eligibility conditions by ticking the boxes below:							
	I am enrolled as a student in a higher degree by research Master or Doctoral degree; and							



My thesis is estimated to be within six months of thesis completion; and I have demonstrated financial hardship (low income); and I belong to at least one of the eligibility groups set out in Section 3; and I am not currently on any full-time scholarships unless it's due to expire; and I have not previously received the Thesis Completion Support Grant (formerly known as Thesis Completion Equity Grant).								
6. Declaration								
 i. I declare that all the information on this application and in the documentation/information attached is correct and complete and I have met the eligibility conditions as stated. 								
ii. I understand that deliberate inaccuracies and omissions may result in the cancellation of my application.								
iii. I have read all the information on this application and understand that UTS reserves the right to seek verification of the information supplied by me including verification of employment status, income, entitlements and status as a sole parent and/or carer.								
Ар	plicant's Name	Signature	Date					
7. Faculty/Institute Support								
Principal Supervis	or's Support							
Do you support this student's application for the Thesis Completion Support Grant? Yes No								
If yes, is the timeline for completion as stated in Section 4 is realistic? Yes No								
Have you attached a supporting statement to this application? Please include in your supporting statement an assessment of the student's progress to date, what remains to be done, completion time frame and student's potential to achieve these plans within the specified time frame, along with your confirmation that you are able to support the student to meet this timeline.								
Principal								
Supervisor	Name	Signature	Date					
Responsible Academic Officer's Support Do you approve this student's application for the Thesis Completion Support Grant? Yes No								
Responsible Academic Officer								
, touseline officer	Name	Signature	Date					

8. What to do with the Completed Form

Please submit the completed form along with your supporting documentation by email or to the Graduate Research School (Building 15, Level 2, 622 Harris St, Ultimo, NSW, 2007) after getting your Faculty/Institute's approval. You will be notified of the outcome of your application via your **UTS student email** within 4-5 weeks of the application closing date.