

Course Details

Term 1 Term 2 Term 3 Term 4

Personal Details

| | | | |
|--------------------------------|-----------------------------|------------------------------|---|
| Family Name | | | |
| Given Name | | | |
| Title (tick box) | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other _____ |
| Gender (tick box) | M <input type="checkbox"/> | F <input type="checkbox"/> | |
| Date of Birth (DD/MM/YYYY) | | | |
| Citizenship | | Country of Birth | |
| Passport Number | | | |
| Applicant Address in Australia | | | |
| Country | | Postcode / ZIP | |
| Telephone Number | | Mobile Number | |
| Email | | | |

Education Qualification

| | | | |
|---|------------------------------|-----------------------------|--|
| Name of School | | | |
| Country | | | |
| Highest Level completed | | | |
| Award Received | | | |
| Are Certified Copies of your Academic Record Attached | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Name of School | | | |
| Country | | | |
| Highest Level completed | | | |
| Award Received | | | |
| Are Certified Copies of your Academic Record Attached | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |



Provide answers to the following questions

1. Why are you applying for a scholarship with AIBT?

2. What are your long-term goals once you have completed studies?

3. How will your studies with AIBT help you achieve your goals?

4. Tell us about yourself
