

Course Details	
	Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 <input type="checkbox"/> Term 4 <input type="checkbox"/>

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

Domestic Student Scholarship Program Application Form

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
