

RMIT Scholarship Statement of Support

This statement of support is used by a **relevant and responsible person** to substantiate claims made by scholarship applicants applying for access and equity scholarships through the Coursework Scholarships Office. This form can be used to substantiate claims related to categories a) disability, medical or neurodivergent condition(s), or b) difficult circumstances which impact the applicant's ability to study. If applying under both categories, a form for each category must be completed.

Who is a relevant and responsible person?

A relevant and responsible person:

- is 21 years of age or older
- has known the applicant for at least 12 months or for the entire duration of the condition/circumstance(s), whichever is shorter
- is not related to the applicant by birth, marriage, de facto relationship, or other personal relationship
- does not live with the applicant, and
- has knowledge of the applicant's situation and can comment on the impact of these conditions or circumstances on their ability to study or daily life

For statements of support related to **disability, medical or neurodivergent condition(s)**, the responsible person must be a **health practitioner** who also meets the criteria outlined above and the statement of support **must be dated within three months of the scholarship application**.

What is included in a statement of support?

A statement of support should briefly describe what the circumstances are and how it has affected the applicant's ability to study. A good statement of support:

- is personalised and specific to the applicant's situation
- briefly names and describes the condition or circumstance
- provides a timeline of the condition or circumstance
- provides current information on how the condition or circumstance is disadvantaging the applicant, and
- details the impact the condition or circumstance has on their ability to study or daily life.

1. Student details

Student Name:	
RMIT Student Number:	
VTAC ID Number: (if applicable)	

2. Responsible Person / Provider details

Name:			
Name of organisation and area of specialisation:			
Relationship to applicant:			
Phone number:		Provider No: (if applicable)	
Email:			
Responsible Person / Provider declaration: <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>I declare that I am not related to this applicant, and that I am a relevant and responsible person to provide this statement of support, in consideration of the above-listed criteria.</i>		

3. Statement of support

Which category are you providing this statement for? (choose only one)	<input type="checkbox"/> Disability, medical or neurodivergent condition(s) OR <input type="checkbox"/> Difficult circumstances
To what degree do these conditions or circumstances impact the applicant's ability to study?	<input type="checkbox"/> High impact <input type="checkbox"/> Moderate impact <input type="checkbox"/> Low impact <input type="checkbox"/> No substantial impact
For health practitioners in relation to disability, medical or neurodivergent condition(s), do you endorse part-time study for the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>To the best of your knowledge, briefly describe the condition or circumstance impacting the applicant, the timeline of the condition or circumstance, how the condition or circumstance is disadvantaging the applicant, and how it impacts on their ability to study or daily life as appropriate (please include current and future impacts).</p> <p>Note: A separate letter may be attached to this form instead of completing the below statement however, this page must be signed, and all previous questions must be completed on this form for the application to be assessed.</p>	
<p>Statement of support:</p>	
Signature:	Date: