

UniSQ Foundation Program

High Achievers Scholarship Application



University of
Southern
Queensland
Australia



Complete all sections of this form. Incomplete forms may delay processing.

PERSONAL DETAILS

Family Name:		Given Name/s:	
Date of Birth (DD/MM/YY):		Gender:	
Country of Citizenship (as shown on passport):		Country of Birth:	
Passport Number:			
UniSQ Application ID: (If applicable; refer to UniSQ Offer)			
UIL Student Number: (If applicable; refer to Foundation Program Offer)			

APPLICATION REQUIREMENTS

<input type="checkbox"/>	Copy of passport
<input type="checkbox"/>	English language test (e.g. IELTS, PTE, TOEFL) result in the last 2 years
<input type="checkbox"/>	Final high school academic transcript
<input type="checkbox"/>	Statement (up to 300 words) explaining the reason for applying for the scholarship

UNISQ Foundation Program High Achiever's Scholarship

Scholarship Overview

- Name: UniSQ Foundation Program High Achievers Scholarship
- Value: Up to AUD \$23,500
- Award Type: Tuition fee reduction upon enrolment in the UniSQ Foundation Program
- No. of scholarship recipients: up to 2 scholarships valued at up to AUD 23,500 each, and up to 4 scholarships valued at up to AUD 11,750 each

Eligibility

Applicants must:

- be an international student
- have academic results that are 80% or above for their Top 4 academic subjects in their final high school academic transcript
- have received an unconditional offer
- be commencing studies by 2026
- be enrolled for the full duration of the UniSQ Foundation Program
- not be in receipt of another UniSQxUIL tuition fee scholarship
- not be a sponsored student, unless student is sponsored by an NGO or a government of a low or middle-income country

Selection Criteria

Applicants will be considered for this scholarship based on the information provided on their UniSQ international student application. UniSQxUIL will use information from your admission application to assess your scholarship eligibility.

How to Apply

Applicants must submit the UniSQ Foundation Program High Achievers Scholarship application to enquiries@uil.edu.au by 19 December 2025, after submitting their UniSQ undergraduate program application, either directly or through a UniSQ approved education agent.

Further Information

UniSQxUIL

Phone: +61 7 3470 0011

Email: enquiries@uil.edu.au

UniSQxUIL reserves the right to alter the conditions of the scholarship based upon exceptional circumstances.

UniSQxUIL reserves the right not to award the scholarship in a given year.

Declaration

For your application to be valid, you must complete 'Part 1 Declaration by Applicant' or 'Part 2 Declaration by Parent or Legal custodian if the student is under 18 years of age.

PART 1 – DECLARATION BY APPLICANT

I certify that, to the best of my knowledge, the information provided on this form and in the supporting documentation is accurate and complete. I acknowledge that my application for a scholarship is subject to acceptance by the Union Institute of Language (UIL), which may impose conditions on my submission. I understand that UIL reserves the right to modify the conditions of the scholarship under exceptional circumstances, and the right not to award the scholarship in a given year. I also acknowledge that there may be an interview for selected scholarship recipients, either before or after the commencement of the foundation program, and I consent to the content of the interview, as well as any photos or videos of me taken during the interview or on campus, being published on UIL's website, in promotional materials, or in other media for project, educational, and promotional purposes.

Family Name:	
Given Name/s:	
Student Signature:	
Date (DD/MM/YY):	

PART 2 – DECLARATION BY PARENT OR LEGAL CUSTODIAN (If you are under 18 years of age, your parent or legal custodian must complete)

I, the undersigned, am the parent/legal guardian of the applicant, who is a minor. I have read and understood the scholarship application and its conditions, and I hereby give my consent for my child to submit this application.

Family Name:	
Given Name/s:	
Parent/Legal Guardian Signature:	
Date (DD/MM/YY):	