

# GLOWS Scholarships Application Form 2025

## Form Preview

## GLOWS Grant Program 2024-26 Scholarships Application

### About Lowitja Institute

The Lowitja Institute is Australia's national institute for Aboriginal and Torres Strait Islander health research. For over 20 years the Institute has overseen research covering all areas that contribute to the health and wellbeing of Aboriginal and Torres Strait Islander peoples, including the social and cultural determinants of health and wellbeing.

The Institute is committed to pursuing a new generation of solutions that make a real difference to the health and wellbeing of Aboriginal and Torres Strait Islander peoples. We will do this by continuing to work with our Lowitja Institute network to invest and support:

- Aboriginal and Torres Strait Islander priorities and collective ways of working;
- Knowledge creation (research) and translation that benefits Aboriginal and Torres Strait Islander peoples first and foremost;
- Work that recognises the strength and agency of Aboriginal and Torres Strait Islander peoples; and
- Work that is culturally, ethically and intellectually rigorous.

### GLOWS Scholarships

The Guiding Local Opportunities for Wellbeing (GLOWS) Grant Program 2024-26 offers scholarships and research grants to Aboriginal and Torres Strait Islander students, community organisations and their partners for work relating to HIV and viral hepatitis over the next three years.

In partnership with Gilead Sciences, Lowitja Institute aims to further increase health equity, address disparities that continue to drive disease transmission, and work towards elimination of HIV and viral hepatitis in all of our communities.

The GLOWS Grant Program offers two scholarship streams:

#### **1. GLOWS Scholarships**

The aim of GLOWS Scholarship funding is to offer supplementary financial support to Aboriginal and Torres Strait Islander undergraduate, and postgraduate students who are wanting to develop their skills and knowledge on how to increase health equity and address disparities that continue to drive the transmission of HIV/viral hepatitis within Aboriginal and Torres Strait Islander communities. Through studies which would support their entry into the Aboriginal and Torres Strait Islander health workforce.

#### **Scholarship Value**

The GLOWS Scholarship value is up to \$25,000.

#### **2. GLOWS MAE Scholarship**

The aim of the GLOWS MAE Scholarship is to attract and support Aboriginal and Torres Strait Islander students to undertake a Master of Philosophy in Applied Epidemiology (MAE) or a Masters of Epidemiology. The objective of this scholarship is to support an MAE Aboriginal and Torres Strait Islander scholar through their studies which would support their entry into the Aboriginal and Torres Strait Islander health workforce.

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### Scholarship Value

The GLOWS MAE Scholarship value is up to \$55,000.

### Eligibility Criteria

1. Aboriginal and/or Torres Strait Islander student.
2. Enrolled full-time as a domestic student in an eligible course.
3. Applicant has commenced studies or can commence studies in the next study semester.
4. Applicant has not previously been awarded a GLOWS Scholarship or GLOWS MAE Scholarship.
5. Ability to demonstrate how area of study is related to Aboriginal and Torres Strait Islander health and wellbeing and aligns with the GLOWS program objective.
6. Ability to demonstrate enrolled university supports the application for a GLOWS Scholarship and the universities Scholarship Team, or appropriate delegate, agrees to administer the GLOWS Scholarship.

Before starting your application, please ensure that you have read and understood the following documents:

- [GLOWS MAE Scholarship Conditions of Award 2025](#)
- [GLOWS Scholarships Conditions of Award 2025](#)
- [GLOWS Scholarship Guidelines 2025](#)

## Submission details

\* indicates a required field

### Scholarship submission details

Please select the Scholarship you are applying for from the list below: \*

## Contact Details

\* indicates a required field

### Applicant \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Date of Birth \*

Must be a date.

### Phone Number \*

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Must be an Australian phone number.

### Email \*

Must be an email address.

### Address \*

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

### Do you Identify as Aboriginal and/or Torres Strait Islander? \*

- ☐ Aboriginal
- ☐ Torres Strait Islander
- ☐ Aboriginal and Torres Strait Islander
- ☐ Neither Aboriginal or Torres Strait Islander

No more than 1 choice may be selected.

### Who is your Mob? \*

### Confirmation of Aboriginality or Torres Strait Islander Descent \*

Attach a file:

The Confirmation must include the common seal and signed by the chairperson of an Aboriginal and Torres Strait Islander Land Council, or an incorporated Aboriginal and Torres Strait Islander organisation in whose area the person lives or has previously lived.

### Have you previously been awarded a GLOWS Scholarship or GLOWS MAE Scholarship? \*

- ☐ Yes
- ☐ No

**NOTE: Please do not forget to save your form as you progress.**

Given the answers you've provided in the Applicant Contact Details section, you are ineligible for this scholarship.

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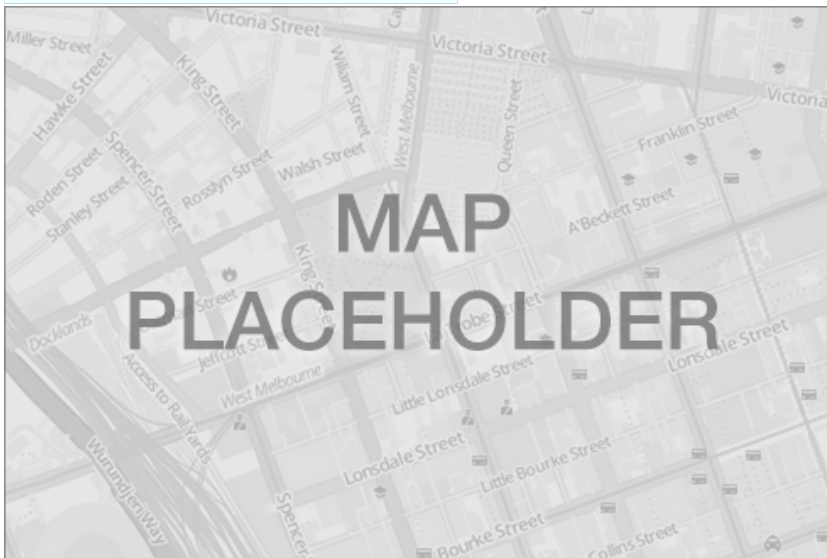
### Enrolment Details

\* indicates a required field

**Name of enrolling University \***

**Campus Location \***

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

**Faculty and/ or School \***

**Degree Level \***

- ☐ Bachelor Degree
- ☐ Bachelor Degree (Honors)
- ☐ Graduate Certificate
- ☐ Master's Degree
- ☐ Master of Philosophy (Applied Epidemiology)
- ☐ Master of Epidemiology
- ☐ Master of Science (Epidemiology)
- ☐ Master of Medicine (Clinical Epidemiology)

**Title of enrolled Program \***

**Commencement date \***

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Must be a date.

**Proposed completion date \***

Must be a date.

**Please provide proof of current full-time enrolment. \***

Attach a file:

**Is the administering university aware of this application? \***

- ☐ Yes  
☐ No

**Please provide proof the administering university is aware of this application. \***

Attach a file:

E.g. Email correspondence or support letter from the relevant University Scholarship Team.

## Administering University Contact Details

This may include the Scholarship Team or Grants Office relevant to your university.

**Name of administering University Contact \***

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Position \***

**Email \***

Must be an email address.

**Phone Number \***

Must be an Australian phone number.

## Other Financial Support

**Have you applied for or received any other financial support for the chosen program? \***

- ☐ Yes, I have applied for other financial support  
☐ Yes, I have been granted other financial support  
☐ No, I do not have any other financial support

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**Please describe the additional financial support you have applied for or are currently receiving including type, amount, and duration. \***

Word count:

Must be no more than 300 words.

**NOTE: Please do not forget to save your form as you progress.**

Given the answers you've provided in the Enrolment Details section, you are ineligible for this scholarship.

## GLOWS Grant Program 2024-26 Funding Priorities

\* indicates a required field

### GLOWS Funding Priorities

The GLOWS Grant Program 2024-26 aims to support initiatives that align with at least one of the following funding priorities:

- **Prevention and Education:** Reforming and reinvigorating prevention strategies in HIV and viral hepatitis, whilst navigating racism and structures that act as barriers to disease prevention and education.
- **Individual and Community Agency:** Supporting Indigenous-led organisations to strengthen skills, capabilities and infrastructure and ensure the ongoing sustainability of HIV and viral hepatitis services. Additionally, create opportunities to support individual personal development and agency to encourage the next generation of leaders and mentors.
- **Reformed Health Care:** Dismantling structural barriers to improve access to HIV and viral hepatitis prevention and care services and building culturally safe and respectful environments for Indigenous people to navigate care.

**Please select ONE of the GLOWS funding priorities that your program of study fits within \***

☐ Prevention and Education   ☐ Individual and Community Agency   ☐ Reformed Health Care

**Please describe how your chosen program of study aligns with ONE of the GLOWS Program funding priorities. \***

Word count:

Must be no more than 300 words.

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### Selection Criteria

\* indicates a required field

**Describe your professional experience in Aboriginal and Torres Strait Islander health. \***

Word count:

Must be no more than 300 words.

**Describe your personal and professional goals and aspirations in relation to Aboriginal and Torres Strait Islander health. \***

Word count:

Must be no more than 300 words.

**How will completing the chosen program of study contribute to your professional development and future goals? \***

Word count:

Must be no more than 300 words.

**How will completing the chosen program of study benefit Aboriginal and Torres Strait Islander health and wellbeing? \***

Word count:

Must be no more than 300 words.

### Supporting Academic Information

\* indicates a required field

**Attach your supporting documents to your application in SmartyGrants.**

Ensure all supporting documentation meets the requirements of the application.  
Correspondence from an institution or organisation must be on an official letterhead.

Allow sufficient time to obtain or prepare your supporting documentation.

### Qualifications

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Please attach official documentation of your recent academic qualification/s – Institution, award, year, etc. This includes a copy of your most recent academic transcript and award certificates.

### **Upload documentation \***

Attach a file:

## Curriculum Vitae

Please attach a CV, maximum of 4 A4 pages.

### **Upload CV \***

Attach a file:

## Letters of Support

Please attach two letters of support from the following referees:

1. An Aboriginal and Torres Strait Islander community member.
2. A current Course Convenor or Lecturer.

### **Instructions for completing letters of support**

Please ensure the letter of support is signed and dated by your referee and includes the following details:

- Referee name
- Occupation
- Organisation (if applicable)
- Phone number and email address
- Brief comments against the selection criteria.

### **Upload letters of support \***

Attach a file:

### **How did you find out about the GLOWS Grant Program 2024-26? \***

Word count:

Must be no more than 300 words.

## Applicant Declaration

\* indicates a required field



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**I declare that the information supplied in this application is true and correct. I have original copies of all submitted documents and I understand that the Lowitja Institute may request sighting the original documents for the purpose of verification. I acknowledge that all documents submitted will become the property of the Lowitja Institute and, as such, will not be returned to me. \***

- ☐ Yes  
☐ No

**I understand that the information collected in this application form will enable the Lowitja Institute to assess my application and, if my application is successful, create a legally binding Scholarship Agreement. I also understand that if I do not complete all relevant sections of this application or fail to supply all supporting documentation my application will not proceed. \***

- ☐ Yes  
☐ No

**I understand that it is a serious offence under the Criminal Code of the Australian Commonwealth to give misleading or false information and I acknowledge that the Lowitja Institute reserves the right to reverse any decision made about my scholarship application funding if it is found that I have provided misleading or false information. \***

- ☐ Yes  
☐ No

**Name \***

**Date \***

Must be a date.