

VSA Tertiary Scholarship Program Application 2026-27

Form Preview

Eligibility

* indicates a required field

Program

This field is read only.

The round this submission is in.

Applicants: please note

Before completing this application form, you should have read the [Veterans SA Tertiary Scholarship Program Guidelines](#)

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this scholarship. It is important that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

Please note: the information you provide will be used for analysis and ongoing review of the scholarship program to ensure it continues to meet the needs of the veteran community. Your responses are collected for evaluation purposes only and will not be shared outside of Veterans SA and The Public Trustee.

If you have any questions regarding the eligibility criteria, please contact **Veterans SA** at: **Email:** vsafundapplications@sa.gov.au

If you do contact us throughout the application process, please quote the application number below.

Application Number

This field is read only.

Confirmation of Eligibility

Before proceeding, please confirm the following:

- I have read and understood the Veterans SA Tertiary Scholarship Program Guidelines
- I am a South Australian resident
- I am an Australian citizen or permanent resident
- I am enrolled or plan to enrol in a tertiary course of study (recognised under the Australian Qualifications Framework) at a university, TAFE or registered training organisation in Australia
- I am a former permanent serving member of the Australian Defence Force (ADF) or the partner of a current or former serving ADF member

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- I am not a current recipient of any other scholarships for the 2027 calendar year, including but not limited to scholarships from the Australian Government designed to offset higher degree research fees

You must confirm that all statements above are true and correct. *

☐ Yes

Applicant Details

* indicates a required field

Applicant *

Title First Name Last Name

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Make sure you provide the same name that is listed in official documentation.

Applicant residential address

Address

Applicant postal address if different to residential address

--

Only complete this section if postal address is not as above

Applicant primary phone number *

--

Must include the area code if a landline number

Applicant email address *

--

Must be an email address.

Application Questions

* indicates a required field

I am: *

- ☐ A former permanent serving member of the Australian Defence Force (ADF)
- ☐ A partner of a current or former serving ADF member
- ☐ Both a former permanent serving member of the ADF and a partner of a current or former serving ADF member
- ☐ None of the above

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Please upload documentation confirming your veteran/partner status. Refer to the Veterans SA Tertiary Scholarship Program Guidelines for information regarding the documentation required to substantiate your veteran/partner status *

Attach a file:

Select the options that apply to you

Please specify your age: *

- ☐ Under 25
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55+

Do you identify as: *

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Prefer not to say

Which of the following best describes your current employment, study, or living status? *

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Casual employment
- ☐ Self-employed
- ☐ Unemployed and seeking work
- ☐ Not in the labour force (e.g., retired, carer, not seeking work)
- ☐ Student (not currently working)
- ☐ Student (working part-time or casually)
- ☐ Student (working full-time)
- ☐ Other:

Does the course you are seeking relate to your current or future employment aspirations? *

- ☐ Yes - it directly relates to my current employment
- ☐ Yes - it directly relates to my future employment aspirations
- ☐ Somewhat - it may be useful for both current and future opportunities
- ☐ No - it does not directly relate to my employment aspirations

How did you hear about the program? *

Will you be: *

- ☐ Commencing study in 2027
- ☐ Continuing study in 2027

Select one option

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Details about the course you are seeking funding for

Course Name *

For example- Cert IV in Individual Support, Bachelor of Nursing

Institution *

Proposed/confirmed start date for the course/s you are seeking scholarship funding for *

If you have already enrolled please upload evidence of course enrolment from the relevant tertiary institution. If you are yet to enrol/are unable to enrol at this time, please provide a Statutory Declaration detailing your planned enrolment. *

Attach a file:

Provide a breakdown of the funding you are applying for (GST inclusive)

Please note that as per the scholarship guidelines, funding can be sought for **up to 75% of your out-of-pocket training related expenses, capped at a maximum of \$5,000** per applicant per year.

Retrospective costs, including but not limited to, payment for previously completed courses, accrued HECS/HELP debt, textbooks/resources already purchased are **not eligible** for funding.

Tuition/course fees (cannot exceed 75% of out of pocket expenses)

Must be a whole dollar amount (no cents) and no more than 5000.

For example, if total out of pocket fee is \$3,500 the eligible maximum amount to apply for is \$2,625

Textbooks/resources (cannot exceed 75% of out of pocket expenses)

Must be a whole dollar amount (no cents) and no more than 5000.

For example, if total out of pocket amount is \$2,000 the eligible maximum amount to apply for is \$1,500

Required tools/equipment (cannot exceed 75% of out of pocket expenses)

Must be a whole dollar amount (no cents) and no more than 5000.

For example, if total out of pocket cost is \$500 the eligible maximum amount to apply for is \$375

Total amount applied for

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This number/amount is calculated.

What is the total financial support you are requesting in this application?

Please upload all evidence of your 2027 out-of-pocket course/training costs (refer to the scholarship guidelines for evidence required). If you are unable to provide 2027 financial evidence from your institution at this time, please provide a Statutory Declaration detailing your anticipated out of pocket expenses. *

Attach a file:

Examples of evidence: institution issued fee statement, quotes, statutory declaration

Please identify which priority skill training area your course/training best aligns with *

- ☐ Construction and Infrastructure
- ☐ Defence and manufacturing
- ☐ Health and care
- ☐ Clean Energy
- ☐ Education
- ☐ Technology and AI

Click [here](#) for more information

In 300 words or less please describe how your proposed course/training connects to future employment outcomes and if/how your chosen field of study aligns with the SA Government priority skills areas? See link below for further information *

Word count:

Must be no more than 300 words.

Click [here](#) for more information

Have you received funding under the Veterans SA Tertiary Scholarship Program previously? *

- ☐ Yes
- ☐ No

Eligibility Criteria Not Met

Based on your responses, you do not meet the eligibility criteria for this scholarship application.

If you choose to submit your application in its current state, it will be considered ineligible, and no further administrative action will be taken.

Certification and Feedback

* indicates a required field

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Certification

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if I am approved for this scholarship, I will be required to accept the terms and conditions of the scholarship as outlined in the scholarship guidelines.

I understand that I will be asked to provide information such as my age, employment status, and career aspirations. I acknowledge this information is collected for evaluation purposes only and will not affect my eligibility for the scholarship

I agree *

☐ Yes

Date *

Must be a date

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process: *

☐ Very easy ☐ Easy ☐ Neutral ☐ Difficult ☐ Very difficult

How many minutes in total did it take you to complete this application? *

Must be a whole number (no decimal place).
Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.