

## Privacy, Grant Guidelines and Eligibility

\* indicates a required field

### Privacy Notice

Any personal information that you provide to State Trustees will be used to process your application and update you about the State Trustees Australia Foundation, and will be handled in accordance with all applicable privacy law. For more information, refer to our [Privacy Policy](#).

### Purpose and History of the AIF Malaya Nursing Scholarship Fund

#### Purpose

Established in 1947, the Australian Imperial Force (AIF) Malaya Nursing Scholarship Fund is a perpetual private charitable trust **for the purpose of supporting students from Singapore and Malaysia to study nursing in Australia.**

#### History

"After the Japanese surrender in 1945, the AIF members who were returning from Malaya (now known as Malaysia and Singapore) began discussing a suitable memorial to recognise the enormous bravery of the thousands of prisoners of war and Malayan communities that provided support and kindness to the captive forces over a very difficult three-year period. At a conference of senior AIF officers in 1945, a committee was appointed to consider suggestions and make recommendations for a suitable memorial. After much deliberation, it was decided to adopt the recommendation of Major Cade to form a scholarship to train students from Malaya in Australia with a view to them returning to Malaya and practice as nurses."

The AIF Malaya Nursing Scholarship Fund is managed by a Board who are the Managing Trustees, the funds being administered by State Trustees (Victoria) who act in the capacity of Custodian Trustee.

#### The AIF Malaya Nursing Scholarship Fund FY2027 Grant

The Board is now winding up the AIF Malaya Nursing Scholarship Fund. The remaining funds will be distributed by means of the AIF Malaya Nursing Scholarship Fund FY2027 Grant.

### Grant Guidelines

- Before completing this application form, please ensure you have read the **AIF Malaya Nursing Scholarship Fund Guidelines**
- Incomplete applications and/or applications received after the closing date will not be considered.

If you have any questions in regard to the Grant Guidelines or your application in general, please call us on **(03) 9667 2845**.

# AIF MNSF FY2027 Application

## Form Preview

### REMEMBER TO SAVE AS YOU PROGRESS

*Note: Please do not add us to your direct marketing / appeals lists. This may result in all your correspondence being treated as 'spam' in our email processes.*

## Agree to Guidelines

### I confirm that I...

- Have read and understood the program guidelines;
- Am able to demonstrate alignment between the work of the applicant organisation and the aims of this grant round;
- Am able to demonstrate financial viability of the applicant organisation.

### Please confirm below: \*

Yes  No

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

## Eligibility

An 'eligible entity' is:

### Confirm your organisation: \*

- Endorsed as an Item 1 Deductible Gift Recipient (DGR); AND
- Registered as a charity with the Australian Charities and Not-for-profits Commission (ACNC); OR
- Is a government entity.

At least 2 choices and no more than 2 choices may be selected.

## Applicant Organisation Details

\* indicates a required field

### Organisation Information

#### Organisation Name \*

Organisation Name

#### Organisation ABN \*

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register
ABN
Entity name
ABN status

# AIF MNSF FY2027 Application Form Preview

Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

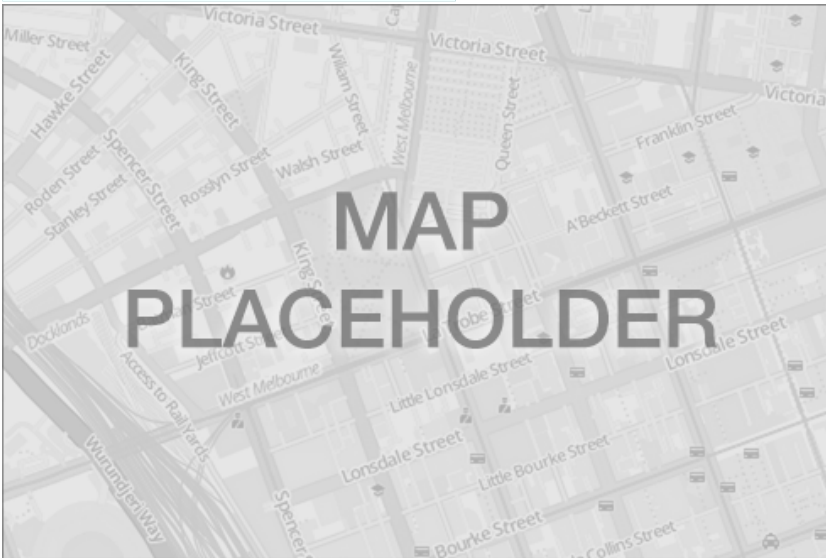
Must be an ABN.

## Organisation Primary Website \*

Must be a URL.

## Organisation Primary Address \*

Address

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

## Organisation Postal Address \*

Address

## Applicant Contact Information

### Applicant Contact \*

# AIF MNSF FY2027 Application

## Form Preview

Title      First Name      Last Name

**Position \***

i.e. senior staff member or appropriately authorised volunteer.

**Primary Email \***

Must be an email address.

**Office Phone Number \***

Must be an Australian phone number.

**Mobile Phone Number**

Must be an Australian phone number.

## Organisation Profile

\* indicates a required field

### Organisation Purpose and Mission

**Describe your organisation's purpose and current main activities / initiatives. \***

Word count:

Must be no more than 200 words.

**List key achievements that indicate your organisation is meeting its purpose. \***

Word count:

Must be no more than 200 words.

**Which other organisations are doing similar work? What sets yours apart? \***

Word count:

Must be no more than 200 words.

### Size and Scale

# AIF MNSF FY2027 Application

## Form Preview

### What is your organisation's annual revenue? \*

- Less than \$50,000
- \$50,000 or more, but less than \$250,000
- \$250,000 or more, but less than \$1 million
- \$1 million or more, but less than \$10 million
- \$10 million or more, but less than \$100 million
- \$100 million or more

Your revenue includes grants, donations, and other fundraising activities, fees for services, sale of goods, interest, royalties and in-kind donations that have been included in your accounts as 'revenue'. The Australian Charities and Not-for-profits Commission (ACNC) has more detailed information here: [www.acnc.gov.au/ACNC/Manage/Reporting/SizeRevenue/ACNC/Report/SizeRevenue.aspx](http://www.acnc.gov.au/ACNC/Manage/Reporting/SizeRevenue/ACNC/Report/SizeRevenue.aspx)

### How many staff does your organisation have? \*

Must be a number.

### How many volunteers does your organisation have? \*

Must be a number.

## Organisation Capacity

We want to find out more about your organisation's ability to undertake activities consistent with the purpose of the AIF Malaya Nursing Scholarship Fund.

### Describe the knowledge, skills, networks and capabilities of your team and how they align with the purpose of the AIF Malaya Nursing Scholarship Fund. \*

Word count:

Must be no more than 150 words.

### How is the voice of lived experience incorporated into your organisation and its work? \*

Word count:

Must be no more than 150 words.

## Application Detail

\* indicates a required field

Please describe how the work of your organisation aligns with the purposes of the AIF Malaya Nursing Scholarship Fund and what you will do to ensure that the legacy of the Scholarship is honoured into perpetuity.

### Activities

Tell us the things you propose to do with your funding should your application be successful.

**What are the planned activities you will conduct to advance the purposes of the AIF Malaya Nursing Scholarship Fund? \***

Word count:  
Must be no more than 200 words.

### Measures

**How will you determine whether the above activities have been successful? \***

Word count:  
Must be no more than 200 words.

**How much funding are you requesting from the AIF Malaya Nursing Scholarship Fund? \***

\$

Must be a dollar amount.  
Note that it is expected that approximately \$450,000 will be distributed to a single organisation.

### Annual Report and Supporting Documentation

**Please attach or link a copy of your most recent Annual Report.**

If you do not produce an annual report, please provide us with your last five annual financial statements (may include a Profit and Loss Statement / Statement of Financial Performance and a Balance Sheet / Statement of Financial Position).

Please attach any further information you feel will support your application.

### Upload files

Attach a file:

or

# AIF MNSF FY2027 Application

## Form Preview

**Provide web link:**

Must be a URL.

## Certification, Authorisation and Feedback

\* indicates a required field

### Certification and Authorisation

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the applicant contact person listed earlier in this application form).

**I certify that, to the best of my knowledge, the statements made within this application are true and correct, and I understand that if the organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the Conditions of Award.**

**I agree \***

Yes

**Name of authorised person \***

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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i.e. Senior staff member or appropriately authorised volunteer.

**Position \***

Position held in applicant organisation (e.g. CEO, Treasurer).

**Primary Email \***

Must be an email address.

**Office Phone Number \***

Must be an Australian phone number.

**Mobile Phone Number**

Must be an Australian phone number.

**Date \***

Must be a date.

### Bank Details

If your application is successful, the below bank details will be used to make an electronic funds transfer.

Please ensure that the account name is the same as that of the eligible entity (i.e. with DGR, tax and ACNC registration).

# AIF MNSF FY2027 Application

## Form Preview

**Applicant Primary Bank Account \***

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.  
Account name must be for the eligible entity. Note: The bank details must be those of the applicant organisation (if you are applying as the auspicing organisation, the grant funds will be paid to that same auspicing organisation).