**Southern Hemisphere Space Studies Program 2026
SASIC Scholarship Application Form**

The South Australian Space Industry Centre (SASIC) will fund up to four full scholarships for South Australians to participate in the Southern Hemisphere Space Studies Program (SHSSP) in 2026.

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| **Applicant information**  |
| Full name:       |
| Phone number:       |
| Email address:       |
| Address (SA residents only):       |
| State:       | Postcode:       |

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| **Applicant background**  |
| Industry you are currently involved in (for example, Place of Work/Study/Other):       |
| Current employer (if applicable):       |
| Previous education / qualification:       |

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| **Scholarship criteria and conditions** |
| You are a South Australian resident. | Y [ ]  | N [ ]  |
| You agree to engage fully in the program through full attendance, engagement, and completion of the program, including the Mawson Lakes residential and social activity components of the program. | Y [ ]  | N [ ]  |
| You are available to attend the program in full and in-person from 12 January to 6 February 2026. | Y [ ]  | N [ ]  |
| You will provide a 250 - 500-word report on program experience to the funding body (SASIC) within one month of completing the program.  | Y [ ]  | N [ ]  |
| You agree to be contacted by SASIC to contribute to communication activities relating to your experience, including but not limited to interviews, testimonials, media releases, social media posts and news stories. This approach may occur up to 12 months following the program.  | Y [ ]  | N [ ]  |

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| **Applicant statement (250 words)** |
| In 250 words (maximum), please describe: * your interest in the space sector / pursuing a career in the South Australian space sector
* what has attracted you to apply for this scholarship
* what outcomes you hoping to achieve from participating in the SHSSP
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| **Applicant declaration** |
| I declare that the information I have supplied about my personal and study details is true and complete. I acknowledge that should this information be found to be incorrect, any scholarship awarded to me may be withdrawn. I authorise Adelaide University staff to disclose all information contained within my application to the donors of this scholarship (SASIC) for the purposes of assessing the application.  |
| Signature:        | Date:       |

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| **Checklist** |
| Please ensure you have actioned the following:[ ]  Completed all sections of this application form[ ]  Signed the applicant declaration section of this form[ ]  Complete the full application process and attach this form when applying for the SHSSP before **30 October 2025**, [on the **ISU website**.](https://www.isunet.edu/shssp/)  |