**Application Form**

**Applicant Information**

|  |  |
| --- | --- |
| Title |  |
| First Name |  |
| Surname |  |

Applicant Postal Address

|  |  |
| --- | --- |
| Street Address |  |
| Suburb |  |
| State | Postcode |

Family Residential Address

|  |  |
| --- | --- |
| Address |  |
| Suburb |  |
| State | Postcode |

Additional Applicant Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Daytime Phone |  | Mobile | |  |
| Email |  | | | |
| Date of Birth |  | | | |
| Are you an Australian Citizen or permanent resident? | | |  | |
| How did you hear about this scholarship? | | |  | |

School, community and leadership roles and/or demonstrated commitment to others

|  |  |
| --- | --- |
| Example 1 |  |
| Example 2 |  |
| Example 3 |  |
| Example 4 |  |

Awards

|  |  |
| --- | --- |
| Example 1 |  |
| Example 2 |  |
| Example 3 |  |
| Example 4 |  |

|  |  |
| --- | --- |
| Are you a current school leaver? |  |
| Did you have paid employment during high school? |  |
| Did you take a gap year? |  |
| Were you employed during your gap year? |  |

**Your circumstances**

What is your vision for future studies and how do you intend to realise your vision?

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|  |

Please tell us your story and background to this point. What are the challenges faced that could disadvantage you or your ability to attend University or TAFE? (for example, family issues or personal challenges, such as disability or illness)

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|  |

Why would you struggle to achieve your vision without this scholarship?

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|  |

Nominator/Referee

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of referee/nominator | |  | | |
| Relationship to applicant | |  | | |
| Daytime phone | |  | | |
| Address | |  | | |
| Town/Suburb | |  | | |
| State |  | | Postcode |  |

**Please ALSO attach a letter of support from someone who knows your circumstances well, but who is not a family member. This could be your Year Coordinator, teacher or mentor/support person**

|  |  |
| --- | --- |
| Name of person writing letter of support |  |
| Their contact number |  |

**Educational Institution**

Preferred provider

|  |  |
| --- | --- |
| Name of course provider |  |
| Campus Location |  |
| Name of course |  |
| Course provider ABN |  |

Course provider mailing address

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address 1 | |  | | |
| Address 2 | |  | | |
| Town/Suburb | |  | | |
| State |  | | Postcode |  |

**Intended living arrangements**

|  |  |
| --- | --- |
| Where do you intend to live? |  |

**Other funding**

|  |  |
| --- | --- |
| Have you applied for any other tertiary scholarships?  If yes, please describe. |  |

**Course costs**

Expenses to be covered by this scholarship, e.g. accommodation, course costs, travel expenses, tutoring expenses, books. Please list what you wish to cover and approximate cost for one year.

|  |  |
| --- | --- |
| **Item** | **Approximate cost** |
|  |  |
|  |  |
|  |  |