

CHANCES Scholarships for 2019

Secondary and Tertiary Application Form and Checklist for

NEW CHANCES applicants for 2019 Academic Year

This application must be filled out by the nominator

Please complete the checklist below.

Applications without the necessary information will not be considered for funding.

Full Name of Applicant: _____

- | | |
|---|--------------------------|
| 1. Completed application form | <input type="checkbox"/> |
| 2. Signatures of applicant/parent/guardian (see p.11) | <input type="checkbox"/> |
| 3. Financial details attached | <input type="checkbox"/> |
| 1. Current statement from Centrelink and/or | |
| 2. If you have a Health Care Card, a copy of both sides of the card and/or | |
| 3. a letter from a financial counsellor/case worker through a local community agency explaining your financial circumstances. | |
| 4. Names and contact details of nominator and at least one other referee (see p.10) | <input type="checkbox"/> |
| 5. Authorities and declarations completed and signed | <input type="checkbox"/> |
| 6. Quotes or estimated costs of funding required (please be as detailed possible) | <input type="checkbox"/> |
| 7. Records of achievement - an attached copy of the latest school reports or university results | <input type="checkbox"/> |
| 8. Signed media Consent Form -attachment | <input type="checkbox"/> |
| 9. Need for mid year evaluation form noted. | <input type="checkbox"/> |
| 10. Certificate presentation attendance signed | <input type="checkbox"/> |
| 11. Declaration (page 11) | <input type="checkbox"/> |

Applications open – Monday 6th August 2018
Applications close – Thursday 6th September 2018

**2019 CHANCES Scholarships
Application form for NEW scholarship applications
for the 2019 academic year**

**Applications open: Monday 6th August 2018
Applications close: Thursday 6th September 2018**

**All applicants need to be an Australian resident, citizen
or hold a permanent humanitarian visa**

This application form is to be completed by the **nominating professional** in conjunction with the applicant or with the assistance of the applicant's parent/guardian. You may include additional relevant information.

This application is confidential.

The Boroondara Cares Foundation Privacy Policy binds all CHANCES committee members.

It is expected that the nominator, recipient and (if appropriate) a parent will complete a mid-year may online form in order to be considered for a renewal scholarship the following year.

Current Year 12 students must either be a resident of Boroondara or if not, applying to study in a tertiary facility in 2019 in Boroondara, i.e. Swinburne University, Swinburne TAFE or Holmesglen TAFE

Details of Applicant (please print clearly)

Surname: _____

First name: _____

Date of Birth: ____/____/____ Age: _____ Year level: _____

Home Address: Street: _____

Suburb: _____ Post Code: _____

Country of Birth: _____

Australian Citizen: Yes No

Australian Resident: Yes No

Permanent Humanitarian Visa: Yes No

Home Phone No: _____ Mobile: _____

Details of applicant, continued

School Email Address: _____

Home Email Address: _____

Applicant Signature: _____

Details of applicant's parents/guardians

(for applicants aged under applicant is 18 years)

Name: _____

Home Address: Street _____

Suburb _____ Postcode _____

Country of Birth: _____

Home Phone No: _____

Mobile Phone No: _____

Work Phone No: _____

Email Address: _____

Details of nominating professional

(Principal, year level coordinator or lecturer)

The following information in this application is **NOT to be filled out by parents.**

Name: _____

School/TAFE/University _____

Position: _____

Address: _____

Phone No: _____ Mob: _____

Email Address: _____



APPLICANT Information

1. How will the scholarship help the applicant?

Please describe how a CHANCES Scholarship will support the applicant to achieve his/her educational potential.

2. Outline the applicant's achievements in relation to academic performance, talent or passion

3. What are the applicant's goals?

4. Describe the applicant's background and home/study environment

5. Does the applicant have part-time or casual employment?

Yes No

If yes, how many hours a week? _____

6. What voluntary community service has the applicant undertaken?

7. Please describe how the applicant is involved with any of the following:

Community Groups

Sport or Music?

Other interests or hobbies?

8. STEM Subjects

Please list any stem subjects: science, technology, engineering or maths the student is studying (Only YR 11, 12 and tertiary students to complete)



EDUCATIONAL BACKGROUND

Name of Secondary School, TAFE, University or other institute

Has the applicant completed VCE? Yes / No

If yes, what ATAR score was achieved? _____

List any of the Training/Vocational or Work experiences of the applicant

List any further qualifications you may have.

Does the applicant have any special needs or circumstances that would be alleviated by financial support?- for example: carer responsibilities, poor housing, other

Financial Assistance Requested

New scholarship Students –up to \$1500

Please itemise the estimated cost of the assistance required & attach any relevant quotes.

CHANCES does not cover school, university or TAFE tuition fees.

Item	Estimated Cost \$	
Textbooks		Funding for successful secondary Applicants will be sent to their school. The funds will be expended by the school on the particular items specified.
Camp		
Excursions		
Uniforms		
Music instrument/tuition		
Computer		Successful tertiary applicants will be allocated the approved funds directly without the provision of receipts or invoices. It is expected that the students use the money strictly for the purposes outlined in their application.
School sport		
MYKI ticket		
Other--please elaborate expenditure below		
Total		

Other expenditure (details)

What other support has the applicant received or would be eligible to receive in the future? (i.e. Health Care Card/Youth Allowance/Family Assistance).



Has the applicant sought funding support from elsewhere?

If yes, where and what were the outcomes?

Yes No

Please attach supporting documentation to demonstrate the need for financial assistance such as one of the following:

- statement of income from CentreLink (**not just a Centrelink card**)
- statement from an accountant
- verified statement of household income.
- copy of Health Care Card (both sides)

Referees in support of the application

Please provide the names and contact details of referees who will support this application.

One must be the Applicant's principal or another person from their educational institution.

Referee 1

Name: _____ Phone number: _____

Address: _____

How is this person known to the applicant?

Referee 2

Name: _____ Phone number: _____

Address: _____

How is this person known to the applicant?

SIGNATURES

Applicant _____

Parent/ Guardian _____

(If applicant is under 18 years)

Nominating Professional _____

Date: _____/_____/_____

Declaration

(If appropriate to be filled in by parent, guardian or applicant if over 18)

I believe the above information in this application is true and correct.

My son/ daughter or I will attend a presentation ceremony to be presented with the CHANCES Scholarship certificate if this application is successful.

Name _____

Signature _____

Date: _____

Further Information

If you need any more information please contact:-

CHANCES Program Manager (Helen Worlidge)

on 0438 024 764

e-mail: BCFCHANCES@gmail.com

Please **post** the completed application to:

**CHANCES Scholarships
Boroondara Cares Foundation
PO Box 2182
HAWTHORN VIC 3122**

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Applications must be received by COB Thursday 6th September 2018