



Hindmarsh Town Mission Education Scholarship Program

Application Form

Applicant Details

Name: _____

Address: _____

Phone: _____

Email: _____

Date of Birth: _____

Gender: Male Female

Do you have a health care card? Yes (please provide a photocopy of your health care card)

No

Were you born outside of Australia: Yes – where were you born? _____

No

Is English your first language? Yes

No – What is your first language? _____

If you are under 18, please provide details of a parent or legal guardian for enquiries regarding this application. Your parent or legal guardian must be over 18 and must co-sign this application form.

Name of Parent or Legal Guardian: _____

Relationship to Applicant: _____

Daytime Phone: _____

Address: _____

Email: _____

If successful, the cheque will be drawn in the applicant's name unless you indicate otherwise here.

I am under 18 and would like my cheque drawn in my parent or legal guardian's name.

Application Details

- | What category are you applying under? | Please tick |
|--|--------------------------|
| 1. Up to \$100 towards continuing education for young people at primary school level, YearR-7. | <input type="checkbox"/> |
| 2. Up to \$200 towards continuing education for young people at secondary school level, Year 8-12. | <input type="checkbox"/> |
| 3. Up to \$250 towards community based educational programs that are stepping stones to higher education: toward enrolment fees, course material, or any other course needs. This includes any course run in the community that help to build the skills or confidence to assist you to move onto other study or pursue work opportunities. E.g. WEA, local community centre computing course. | <input type="checkbox"/> |
| 4. Up to \$400 towards continuing education for post secondary students: toward enrolment fees, course material, or any other course needs. Includes study at TAFE SA, University and Non Government Education Providers. | <input type="checkbox"/> |

Name of the educational facility you are planning to attend:

Name of course you are enrolled in:

Please tell us your educational goals and how this scholarship will help you meet these?

(Please attach extra pages if needed)

Please specify what you would use the scholarship for? (E.g. \$115 for course fees, \$80 for course text book, \$40 school uniform):

Total amount being requested \$_____

Important Information – Please read before signing

- I understand this is an application only, and does not necessarily result in funding.
- I have received a scholarship before (previous applicants are able to apply).

Conditions of funding

In making this application I agree to the following:

- The application is submitted in accordance with the due dates subscribed in the program guidelines.
- The application is submitted with proof of residence, e.g. a photocopy of an official letter that has your address on it, a copy of a driver’s licence or a photocopy of your health care card.
- The information provided in this application is true and correct to the best of my knowledge.
- A support letter has been submitted with my application, written and signed by someone who knows me and my reason for making this application; or the contact details for the course coordinator or teacher if a letter cannot be provided. The contact person must have signed this form so they are aware they may be contacted (see below).
- Any monies received from the Hindmarsh Town Mission Scholarship Program will be expended as detailed within the application and receipts must be submitted within 30days. If not you will not be eligible for future grants.
- Any monies not expended or accounted for are to be returned to the City of Charles Sturt.
- The Hindmarsh Town Mission Scholarship Program will be acknowledged in any publicity or promotion of your Scholarship achievements.

Applicant’s Name: _____

Applicant’s Signature: _____

If under 18 years of age, please provide the signature of parent or legal guardian

Contact Name: _____

Contact Phone Number: _____

Contact Signature: _____

Date: _____