Chances Application Tertiary Scholarship





*Please read the eligibility guidelines at the back of this application <u>before</u> completing an application

This form is to be completed by the student applying for the scholarship

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Applicant's Deta	ails				
Surname					
First name					
Residential address					
Postal address (if different from above)					
Home phone			Mobile phone		
Email home			Email work		
Date of birth			Current age		
Is the applicant of Abo	original and/or Torres	Strait Islande	r origin?	☐ Yes ☐ No	
Gender	☐ Male ☐ Female	Australian C	Citizen * refer to t	ne eligibility guidelines	☐ Yes ☐ No
Name Relationship to applicant Home phone Email home	applicant is considered		Mobile phone Email work		
About the appli	cant's family – tel	I us about	the people wh	o live in your house	ehold
Name		Age	Relationship to a	pplicant	



Tell us about any factors that impact your family's financial situation and wellbeing such as: • are there siblings with special needs in the family? • are there any health issues impacting the family?				
	.6			
Family situation – reason for hardship				
About your education				
School currently or last attended				
Current year level or highest				
completed				
Other courses or qualifications completed				
What was your experience of school?				
Did you enjoy it? How did you get along with your peers?				
The same you get along that you poor	·			
About your leisure activities				
Do you volunteer?	□ Yes			
If yes, please provide details	□ No			
Are you involved in any sporting or	☐ Yes			
community groups? If yes, please provide details	□ No			
,, p				



Your statement

This is to be completed by the applicant in their own words.			
Tell us about your goals, both educational and personal			
What are your plans for the future?			



Is there anything else you would like to tell us about yourself?	
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Financial information * refer to the eligibility guidelines

Does the applicant's parents	or guardians work?	\square Yes \square No - <u>if yes</u> complete this section		Please attach your	
Name of working parent or guardian	Do they work Full Time, Part Time or Casual?	Employers name		most recent tax assessment or group certificate	
	□ FT □ PT □ C			☐ Attached	
	☐ FT ☐ PT ☐ C			☐ Attached	
Do the applicants parents or	guardians have a Hea	olth Care Card	☐ Yes ☐ No - <u>if yes</u> com	plete this section	
Name of parent or guardian with HCC	If you have answered yes to this question you are required to attach the following				
	☐ Attach a copy of the Health Care ☐ Attach a copy of your Centrelink In Statement			ur Centrelink Income	
	☐ Attach a copy of the Health Care Card		☐ Attach a copy of your Centrelink Income Statement		
Is there any other financial information relating to your or your family's financial situation that you want to let us know about?					

Please note

If your parent/guardian <u>is a holder of a Low Income LI or Newstart NS Health Care Card</u> you **do not** need to complete the family budget on the next page.



To find out if you have an LI or NS Health Care Card, look at the code on the front of the card on the last line after the words 'CARD START' and the date – the above example is an LI



Family household budget * refer to the eligibility guidelines

Please complete all relevant budget fields

Not required if your parent/guardian is a holder of a Low Income LI or Newstart NS Health Care Card – see sample on previous page.

EXPENSES	PER WEEK	PER YEAR	NET INCOME	PER WEEK	PER YEAR
Housing			Wage / Income (Net)		
Home Loan/Rent	\$	\$			ć
House & Contents Insurance	\$	\$	Parent/Guardian 1	\$	\$
Land/Council Rates	\$	\$	Parent/ Guardian 2	\$	\$
Utilities		·	Parent/ Guardian 2	Ş	Ş
Water Rates	\$	\$	Centrelink Payments (P	lease list)	
Electricity	\$	\$	Parent / Guardian 1		
Home phone/internet	\$	\$			
Mobile phone	\$	\$		\$	\$
Credit				٦	Ş
Credit Card Repayments	\$	\$		\$	\$
Car Payments	\$	\$		٦	٦
Car Insurance	\$	\$	Parent	/ Guardian 2	
Car/Transport			raiciit	, Guardian 2	
Car Registration	\$	\$		\$	\$
Car Maintenance/Tyres etc.	\$	\$		7	٧
Fuel	\$	\$		\$	\$
RACV	\$	\$		ļ ,	7
Health			Child Support		
Health Insurance & Ambulance	\$	\$	Cinia Support		T
Doctor/Dentist/Optical/Chemist	\$	\$		\$	\$
Education				•	Υ
School Fees	\$	\$	Other Income		
Compulsory School Uniforms	\$	\$		\$	\$
School Camps/Excursions	\$	\$		<u> </u>	Υ
Playgroup/Preschool	\$	\$		\$	\$
Other				7	7
Groceries	\$	\$		\$	\$
Clothing/Shoes	\$	\$		<u> </u>	<u> </u>
Sports/Recreation	\$	\$			
Other	\$	\$			
Any other debt repayments?	\$	\$			
Details	'	•			
TOTAL EXPENSES	\$	\$	TOTAL NET INCOME	\$	\$
TOTAL NET INCOME PER YEAR		3			
TOTAL EXPENSES PER YEAR		5			
SHORTFALL (-) or EXCESS (+)		;			

Assistance to complete this budget is available by making a free appointment with Mallee Family Care's Financial Counselling Services (Mildura and Swan Hill). Phone 03 5023 5966 to make an appointment.



If you live with one parent, outline support provided by the non-residing parent (if any).	

Assistance sought from Chances for Children

Chances for Children will only provide funding when all other options have been explored and exhausted.

* refer to the eligibility guidelines

Please outline funding options that have been explored or are currently being utilised. Please indicate status Explored, Applied, Current, Exhausted, Eligible, Not eligible

Explored, Applica, Carrent, Extraosted, Englishe, Not englishe				
Funding/Support	Status	Outcome		
Youth Allowance				
Centrelink Start Up Loan				
Centrelink Relocation Scholarship				
HECS-HELP / VET Student Loan				
VTAC / UAC / SATAC scholarship				
Learning for Life				
Trade Support Loan (Apprentices)				
Other scholarship (please list)				



If you are not eligible for Centrelink support including Youth Allowance or for a deferred fee payment such as HECS-HELP or VET Student Loan – please explain why you are not eligible.				
The following releva	nt supporting documentation is required:			
University	Attach relevant information which could	nclude		
	 ☐ Acceptance letter – if available ☐ VTAC or equivalent preference list ☐ Centrelink statement – if available 	 ☐ Other scholarship letter(s) ☐ Accommodation information – if known ☐ Any other relevant information you may have 		
TAFE/Education Provider	☐ Statement of course fees☐ Centrelink statement – if available	☐ Confirmation of enrolment☐ Any other relevant information you may have		



The purpose of the following questions is to provide further information and clarification to allow the Selection Committee to determine your eligibility for funding.						
For your application	For your application to be considered – please answer all of the questions to the best of your ability					
Please indicate when	re you will be studying	☐ University	☐ TAFE	☐ Othe	r provider	
Course title						
Education provider e.g. name of Uni/TAFE				Duration of course		
Location of study				Expected finish year		
If you are already stu	udying, what year did y	ou begin study?				
Outline the reasons	why you have chosen y	our course of study.				
What course/career	advise have you receive	ed in regards to your cl	noice of study? Yo	ou must answe	er this question	
Is this course available in your community? ☐ Yes ☐ No ☐ Unsure						
If this course is available in your community and has not been selected as your first preference, please outline reasons why.						
Are you applying to do an online course? Solution Yes No - if yes what support services will be in place to assist you to successfully complete this course?						
		Vou to successfully t	omblete this cou	136:		
What are your future goals and aspirations?						



Confidentiality – PLEASE READ CAREFULLY

Chances is committed to protecting your privacy. Our policies ensure that your privacy is protected at all times. The information you provide to us is required to assess your application. We do not disclose any information to anyone else unless listed by you, nor will we ask for information from others without your consent.

Giving us your authority to discuss your situation with other parties (e.g. schools, case workers, student support services etc.) will assist us to provide you with meaningful and appropriate support.

Authorisation - please read the following statement carefully and sign below

I/We the undersigned give Chances for Children authority to:

• Discuss the information provided with the professionals who have contributed to the application

I/We the undersigned acknowledge that:

- Information included in this application will be discussed with the members of the District Selection Committee in determining the eligibility of my request
- This consent is valid while the application is being considered and for the period the applicant is a recipient of a Chances scholarship and that consent can be withdrawn on my written request
- If I/We provide false or inaccurate information in this application that it may result in cancellation of allocated support.
- I/We have read and understood the information on this application, including the above declaration and agree to these conditions.

Applicant	Date
Parent/Guardian	Date
Mallee Family Care (MFC) will comply with National Privacy Legisla brochure provides a summary of your Rights and Responsibilities a Your Privacy and Rights can be viewed on the MFC website	• •
http://www.malleefamilycare.com.au/Home/Publications/Brochu	res.aspx

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Referee One – to be completed and signed by the referee

You must provide a statement of support from two referees

* Who can be a referee? Refer to the eligibility guidelines

Name	Po	sition/Title
Agency/School		
Work phone	M	obile phone
Email		
Outline your relationship with the app	olicant.	
Describe the applicant's circumstance	s and the impact they have had on th	e applicant's opportunities and life in
general.		
Outline the applicant's achievements	and comment on their ability to follo	w through with their goals.
Any other comments?		
Any other comments:		
Referee		Date



Referee Two – to be completed and signed by the referee

You must provide a statement of support from two referees

* Who can be a referee? Refer to the eligibility guidelines

Name	ı	Position/Title
Agency/School		
Work phone	1	Mobile phone
Email		
Outline your relationship with the applicant.		
Describe the condinant singular		the configuration and life in
Describe the applicant's circumstances and the impact they have had on the applicant's opportunities and life in general.		
Outline the applicant's achievements	and comment on their ability to fol	low through with their goals.
Cume the approach of admicromental		ion amough that their godies
Any other comments?		
Referee		_ Date



Am I eligible?

Is the applicant aged 24 years and under at the close of the Chances Funding Round

Chances for Children tertiary scholarships are granted to young people aged 24 years and under, who are wanting to complete an undergraduate degree, Certificate, Diploma or Advanced Diploma.

Is the applicant an Australia Citizen living in North West Victoria or South West New South Wales?

This area refers to the Local Government Areas of Mildura (RC), Wentworth (S), Balranald (S), Swan Hill (RC), Gannawarra (S), Buloke (S), and Greater Wakool Ward. You must currently reside or attend school in these areas at the time of applying to Chances.

You must be an Australia Citizen to be eligible for a Chances scholarship.

Are there financial reasons why the applicant needs our help?

Your application must evidence that the applicant and their family are unable to financially support the request.

Has the applicant looked at other options?

Chances scholarships should be treated as a last resort. It is expected that you look at other scholarship options (through the universities) and other sources of funding (general scholarships; government support) before applying to Chances.

What can I apply for?

Study at University

- Often your costs to study at University are unknown. That's ok, please include your chosen University
 preferences and where you think you might be living. For example indicate if you have applied to live
 on campus/in private rental etc.
- It is important that you know if you are eligible for support from Centrelink, and what level of support you are eligible for.
- Your scholarship is granted based on the above criteria. The level of financial support you will receive will be determined after your application is approved, and Chances staff meet with you.

Study at TAFE or other registered training organisations

- Course fees that cannot be VET Student Loan deferred
- Textbooks
- Supplies/equipment

What can't I apply for?

- Post-graduate degrees or a second undergraduate degree
- Course fees where they are able to be VET Student Loan or HECS-HELP deferred.
- Full fee paying courses where an equivalent HECS- HELP funded course is available.
- Reimbursements for expenses already incurred prior to application.
- Activities for studies outside of Australia.

What happens now?

Complete an application form

Please read the application form carefully, and answer all of the questions as best you can.

Evidence of financial hardship

Chances for Children rely heavily on financial information to determine eligibility for Chances scholarships, so it is important that we have this information to help our District Selection Committee in their decision making.

Statement of support from two referees



All applicants must have two referees to support their application.

Who can be a referee?

Referees **can** be people who are well known to the applicant, for example teachers, principals, wellbeing officers, sporting coaches, case workers or employer.

Referees cannot

a. be a family member or friend.

Lodge your application in full by the closing date (please refer to website)

You can submit your application at any time by posting your completed application to:

PO Box 1870, Mildura VIC 3502

Or email your application to:

chances4children@malleefamilycare.com.au

How will my application be assessed?

Applications are assessed by the District Selection Committees (Mildura and Swan Hill), with scholarships being granted at their discretion based on the information provided in the application and the amount of funding available for allocation. On occasion, applicants may be requested to provide further information.

All applications are treated as strictly confidential.

When will I be notified about the outcome?

You will be notified in writing of the outcome of your application within approximately eight weeks of the closing date.

Further questions?

If you have any further questions please do not hesitate to contact the Chances team by telephoning 03 5023 5966 or email chances4children@malleefamilycare.com.au

Chances for Children is a community funded program. We would like to acknowledge the support and commitment of the local community, businesses, Corporate Partners, Sustaining Supporters and Workplace Givers who support us to ensure that the absence of money does not stand in the way of a young person's ability to achieve their maximum potential.

Dare to Dream 🔾

