Chances Application Non-Tertiary Scholarship





Please complete the eligibility questionnaire and the below to ensure that you are eligible for the Chances for Children Tertiary Scholarship. You will not be able to commence your application if you do not confirm your eligibility first.

not confirm your eligibility first.				
1. Am I eligible?				
\square I am aged 24 years and under at the close of the current Chances Funding Round				
Chances for Children Non-tertiary scholarships are granted to young people aged 24 years and under.				
\square I am an Australia Citizen \underline{OR} have a foreign passport \underline{WITH} a Humanitarian or Refugee Visa.				
Chances for Children Non-Tertiary scholarships are granted to Australian Citizens or Foreign nationals who have been granted an Australian Humanitarian or Refugee Visa's only.				
☐ I live in <u>OR</u> go to school in one of the following Local Government Areas: Mildura (RC), Wentworth (S), Balranald (S), Swan Hill (RC), Gannawarra (S), Buloke (S), or Greater Wakool Ward.				
Mallee Family Care only provide scholarships to students who live in or go to school in one of the above Local Government Areas.				
☐ There are financial reasons why I need a Chances for Children scholarship, which I am able to evidence through the supply of a budget and other supporting documentation?				
Your application must evidence that you and your family are unable to financially support your request. This will require you to provide a copy of yours and your family's Health care card/s (if you have one), Centrelink statements, family budget and other supporting documentation during the application process.				
\Box I have looked at other options and I am either ineligible or I have been unsuccessful in my application/s?				
Chances scholarships should be treated as a last resort. It is expected that you look at sources of funding through other scholarships or Government support before applying to Chances. To find out more about what funding might be available to you before approaching Chances for Children, we suggest that you speak to your coach, trainer, instructor, sporting association, teacher, school principal.				
\Box I have read the below information and agree that my application will fit the guidelines of what will and will not be funded through this scholarship application.				
What can I apply for?				
Sport support <u>may</u> be available for applicants:				
 who require assistance to complete/participate at the elite state level or higher e.g. the applicant is playing for the State of Victoria/NSW interstate OR the State of Victoria/NSW at a national level OR for Australia within Australia. can evidence level of achievement obtained 				
Music support may be available for applicants:				

- who require assistance to participate in music at a state level or above e.g. playing for the Sydney philharmonic orchestra
- can evidence level of achievement obtained

Leadership support may be available for applicants:

• wishing to participate in approved leadership activities – e.g. Alpine Leadership School

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What can't I apply for?

- Private school fees.
- Activities outside of Australia.
- Integration Aides / Allied Health

Please confirm that you have read the "I understand and agree "statements below by ticking the box next to each statement. You will not be able to commence your application until this has been completed in full.

2. I understand and agree?
☐ Only a completed application with all the specified attachments will be considered for a Non-Tertiary Scholarship by the District Selection Committee.
Please read the application form carefully, and answer all of the questions as best you can. Please note that many of the questions are compulsory questions (indicated with an *) and you will be unable to progress your application until the information has been supplied.
☐ I will be required to provide 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. Please note that many of the questions and associated attachments need to be completed and attached before you can progress your application to the next stage.
\Box I will be required to provide a statement of support from two referees that are <u>NOT</u> a family member or friend.
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.
\Box I have reviewed the list of documents I am required to submit as part of my Scholarship application and have the compulsory documents available to attach to my application now.
Below are a list of documents that you will be required to submit as part of your Scholarship application:
 Copy of your Birth Certificate, Australian passport OR foreign passport and associated Humanitarian or Refugee Visa. (compulsory on application) Copy of your parent or guardians health care cards if you have one (compulsory on application) Copy of your parent or guardians Centrelink income statements (compulsory on application) Most recent tax assessment, group certificate or 2 x most recent payslips Quotes and any other relevant information you may have
☐ I understand that Question 8 in the application, namely "Your statement":
 Must be completed in my own words Cannot be completed by a parent/guardian/mentor.
☐ I have read and understood how my application will 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.
\square I have read and understood how I will be notified about the outcome of my application?
You will be notified in writing of the outcome of your application within approximately eight weeks of the closing date.

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3. Applicant's Details

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 Isla	nder	origin?	☐ Yes ☐ No ☐ Prefer not to say	
Gender	☐ Male☐ Female☐ Prefer not to say	Are	you an Australia	n Citizen	☐ Yes ☐ No
Do you have a foreign passport WITH a Humanitarian and Refugee Australian Visa	☐ Yes ☐ No				
Name of current/last school attended		_	rsical address of c ended	urrent/last school	
Attach a copy of your Australian passport OR a copy of your foreign passport with an accompanying Humanitarian/Refugee Visa clearly visible. 4. Parent / Guardian's Details (Not required if the applicant is considered to be living as 'independent' by Centrelink)					
Name					
Relationship to applicant					
Home phone			Mobile phone		
Email home		-	Email work		

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5. About the applicant's family – tell us about the people who live in your household

Name	Age	Relationship to applicant
Tell us about any factors that impact your f are there siblings with special needs in the	e family?	ial situation and wellbeing such as:
are there any health issues impacting the	family?	
Family situation – reason for hardship		
6. About your education		
School you 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?		

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7. About your leisure activities

Do you volunteer? If yes, please provide details	☐ Yes ☐ No
Are you involved in any sporting or community groups? If yes, please provide details	☐ Yes ☐ No
8. Your statement	

This is to be completed by the applicant in their own words. This should not be completed by a
parent/guardian/mentor and will be part of the interview process and could result in ineligibility.
Tell us about your goals, both educational and personal

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What are your plans for the future?
Is there anything else you would like to tell us about yourself (this include your strengths, best qualities)?

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9. 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

Attach a copy of your most recent tax assessment or group certificate with details clearly visible. Attachment for Parent/Guardian 1

Attachment for Parent/guardian 2

Do the applicants parents or guardians have a Health Care Card	☐ Yes ☐ No
Is your parent/guardian a holder of a Low Income (LI) or Job Seeker (JS) Health Care Card	☐ Yes ☐ No

Attach a copy of your Australian Health care card with the CRN number, expiry date and type of card start clearly visible.

Attach a copy of your Centrelink statement.

Australian Government Services Australia Care Card	NEW SOUTH WALES CUSTOMER NAME CUSTOMER ADDRESS 1 CUSTOMER ADDRESS 2 Expires 21 JAN 202X
Signature of cardholder	CRN 111-111-111A DEPENDENT 1 DEPENDENT 2 DEPENDENT 3
This card is NOT transforable services australia.gov.au/healthcarecard Issued by the Australian Government agency, Services Australia on behalf of the Department of Social Services	DEPENDENT 4 DEPENDENT 5 CARD START 22 JUL 202X JS

To find out if you have an **LI** or **JS** 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 **JS**

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Family household budget * refer to the eligibility guidelines. All budget fields are compulsory

Please note: If your parent/guardian is a Low Income LI or Job Seeker JS Healthcare card holder you Do Not need to complete the family household budget.

EXPENSES	PER WEEK	PER YEAR	NET INCOME	PER WEEK	PER YEAR
Housing			Wage / Income (Net)		
Home Loan	\$	\$	Parent/Guardian 1	\$	خ
Rent	\$	\$	Parent/Guardian 1	۶	\$
House & Contents Insurance	\$	\$	Parent/Guardian 2	\$	\$
Land/Council Rates	\$	\$	Parent/Guardian 2	۶	۶
Utilities			Centrelink Payments (Please list)	
Water Rates	\$	\$			
Electricity	\$	\$	Parent / Guardian 1		
Home phone/internet	\$	\$			
Mobile phone	\$	\$		\$	\$
Credit				Ş	Ş
Credit Card Repayments	\$	\$		\$	\$
Car Payments	\$	\$		Ş	٦
Car Insurance	\$	\$	Daror	nt / Guardian 2	
Car/Transport			Parer	it / Guardian 2	
Car Registration	\$	\$		\$	\$
Car Maintenance/Tyres etc.	\$	\$		۶	٦
Fuel	\$	\$		\$	۲
RACV membership	\$	\$		۶	\$
Health			Ch	aild Cupport	
Health Insurance	\$	\$	Child Support		
Ambulance	\$	\$			
Doctor	\$	\$			
Dentist	\$	\$			
Optical	\$	\$		\$	\$
Chemist	\$	\$		Ş	Ş
Education			Other Income		
School Fees	\$	\$			
Compulsory School Uniforms	\$	\$		خ	خ
School Camps/Excursions	\$	\$	<u> </u>		\$
Day Care/Kindergarden	\$	\$		\$	\$
Other				۶	٦
Groceries	\$	\$		\$	\$
Clothing/Shoes	\$	\$		٠	٦
Sports/Recreation	\$	\$			
Other	\$	\$			
Any other debt repayments? Details	\$	\$			
TOTAL EXPENSES	\$	\$	TOTAL NET INCOME	\$	\$
TOTAL NET INCOME PER YEAR	\$				
TOTAL EXPENSES PER YEAR	\$				
SHORTFALL (-) or EXCESS (+)	\$				

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Is there any other financial information relating to your or your family's financial situation that you want to let us know about?	
If you live with one parent, outline support provided by the non-residing parent (if any).	

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10. Assistance sought from Chances for Children

Please	indicate what assistance	e you are seeking:				
	Sport / Music / Dance	* refer to the eligibility guidelines				
	Leadership					
Type o	•	ease specify – e.g. music lessor	ns, assistance with	Estimated cos	ŀ	
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
<u>IMPOR</u>	RTANT Please ensure yo	ou attach any relevant quotes a	and information			
Are	the relevant quotes for	the above request attached?			☐ Yes	\square No
Have you attached any further information you would like to be considered as part of your application?						□ No
	~ .	uestions to provide further info ility for funding. Please indicat			election	
☐ Spo	rt / Music / Dance		Leadership			
Will yo	u be					
competing/participating at a						
state level? E.g. playing in a Victorian or NSW team?						
Outline	how/why you were					
chosen	to te/participate at a					
state le						
	HIP – how were you					
chosen to attend this program?						
,						

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Overview of achievements so far – include level of achievement and any						
relevant awards.						
What are your future goals						
and aspirations?						
Attach any relevant details such	h as copies of:					
- Invitation to compete/p	participate	- Tournament/event program				
- Practice timetables	- Practice timetables - Tournament/event information					
- Any other information y	you would like to	o be considered as part of your application				
Chances for Children will only p	provide funding	when all other options have been explored and exhausted.				
* refer to the eligibility guideli	nes					
Please outline funding options	that have been	explored or are currently being utilised. Please indicate status				
Please outline funding options Explored, Applied, Current, Exh		explored or are currently being utilised. Please indicate status Not eligible				
		· ·				
Explored, Applied, Current, Exh	austed, Eligible,	Not eligible				
Explored, Applied, Current, Exh	austed, Eligible,	Not eligible				
Explored, Applied, Current, Exh	austed, Eligible,	Not eligible				
Explored, Applied, Current, Exh	austed, Eligible,	Not eligible				
Explored, Applied, Current, Exh	austed, Eligible,	Not eligible				
Explored, Applied, Current, Exh	austed, Eligible,	Not eligible				
Explored, Applied, Current, Exh	austed, Eligible,	Not eligible				
Explored, Applied, Current, Exh	austed, Eligible,	Not eligible				
Explored, Applied, Current, Exh	austed, Eligible,	Not eligible				
Explored, Applied, Current, Exh	austed, Eligible,	Not eligible				
Explored, Applied, Current, Exh	austed, Eligible,	Not eligible				
Explored, Applied, Current, Exh	austed, Eligible,	Not eligible				
Explored, Applied, Current, Exh	austed, Eligible,	Not eligible				
Explored, Applied, Current, Exh	austed, Eligible,	Not eligible				
Explored, Applied, Current, Exh	austed, Eligible,	Not eligible				
Explored, Applied, Current, Exh	austed, Eligible,	Not eligible				
Explored, Applied, Current, Exh	austed, Eligible,	Not eligible				

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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:

https://www.malleefamilycare.org.au/News-and-Media/Documents.aspx

• 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.

6					
Applicant	_Date				
Parent/GuardianOnly required if applicant is under 18	_ Date				
Mallee Family Care (MFC) will comply with National Privacy Legislation and Australian Privacy Principles. This brochure provides a summary of your Rights and Responsibilities and the Obligations of MFC. The MFC publication <i>Your Privacy and Rights</i> can be viewed on the MFC website					

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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		Position/Title				
Agency/School						
Work phone		Mobile phone				
Email						
Outline your relationship with the applicant.						
Describe the applicant's circumstance general.	s and the impact they have had on	the applicant's opportunities and life in				
Outline the applicant's achievements	and comment on their ability to fo	llow through with their goals.				
Any other comments?						
Referee		Date				

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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	Po	sition/Title
Agency/School		
Work phone	M	obile phone
Email		
Outline your relationship with the app	olicant.	
Describe the applicant's circumstance general.	s and the impact they have had on th	e applicant's opportunities and life in
Outline the applicant's achievements	and comment on their ability to follo	w through with their goals
Outilite the applicant 3 demes emerits	and comment on their ability to rono	w through with their goals.
Any other comments?		
Referee		Date

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What happens now?

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.

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