



## Toowoomba Scholarship Program Application Form 2023 - Rd 9

|                  | Name:   |                        |                |                                     |   | Phone:                  |            |          |                           |
|------------------|---|------------------------|----------------|-------------------------------------|---|-------------------------|------------|----------|---------------------------|
| siis             | Email:  |                        |                |                                     |   |                         |            |          |                           |
| Deta             | Address:  |                        |                |                                     |   |                         |            |          |                           |
| Contact Details  | Emergency Contact Name:   |                        |                | Emergency Contact Phone:            |   |                         |            |          |                           |
| Col              | Relationship to<br>Emergency<br>Contact:  |                        |                |                                     |   | Permission<br>Emergency |            |          | □ Yes<br>□ No             |
|                  | Comments:   |                        |                |                                     |   |                         |            |          |                           |
| Do yοι           | u need to relocate  | e so that              | you can partio | cipate in your                      | course?_  |                         |            |          | □ Yes □ No                |
|                  | Date of Birth:  |                        |                | Country of                          | Country of Birth:   |                         |            |          |                           |
|                  | Citizenship:  |                        |                |                                     | Australian Citizen ☐ Permanent Resident Permanent Humanitarian Visa Holder ☐ Other: |                         |            |          |                           |
| etails           | Is English your first language?   |                        | □ Yes<br>□ No  | If no, what is your first language? |   |                         |            |          |                           |
| Personal Details | Are you an Aboriginal or Torres Strait Islander person?  □ Aboriginal □ Torres Strait Islander □ Both Aboriginal and Torres Strait Islander |                        |                |                                     |   |                         |            |          |                           |
| Pel              | Do you have a disability or ongoing medical condition which may impact your studies? ☐ Yes ☐ No   |                        |                |                                     |   |                         | □ Yes □ No |          |                           |
|                  | Are you receiving a Centrelink Income support payment? ☐ Yes ☐ N  |                        |                |                                     |   |                         | □ Yes □ No |          |                           |
|                  | *Attach a copy of   | <sup>f</sup> visa info | rmation*       |                                     |   |                         |            |          |                           |
| pu               | Name of last so<br>attended:  | hool                   |                |                                     |   |                         |            |          |                           |
| ground           | Town and State  | э:                     |                |                                     |   |                         |            |          |                           |
| Back             | Country:  |                        |                |                                     |   |                         |            |          |                           |
| tion             | Highest grade completed:  |                        |                | Calendar year last at school:       |   |                         |            |          |                           |
| Education Backg  | Have you studied other than school?   |                        |                |                                     |   |                         |            |          |                           |
|                  | Started   | Last ye                | ar enrolled    | Name of F<br>Qualifi                |   | Nam                     | e of Ins   | titution | Result e.g. Certificate 3 |
|                  |   |                        |                |                                     |   |                         |            |          |                           |
|                  |   |                        |                |                                     |   |                         |            |          |                           |
|                  |   |                        |                |                                     |   |                         |            |          |                           |

Attach a copy of any results or certificates. (J)



| Scholarship Funding What do you intend to study and where? |             |        |            |                     |      |
|--|-------------|--------|------------|---------------------|------|
| Preference   | Institution | Course | Start Date | Length of<br>Course | Cost |
| 1  |             |        |            |                     |      |
| 2  |             |        |            |                     |      |

| Attach any research done to find a suitable course. |
|---|
|---|

| Scholarship Payment  Please indicate below what financial assistance you require (up to maximum \$1500). Please note: Scholarship funds can be used for anything that will assist you with your studies eg: course fees, laptop, internet, childcare etc. |               |         |  |  |
|---|---------------|---------|--|--|
| ltem  | Cost Estimate | Purpose |  |  |
|   |               |         |  |  |

| Have you experienced any barriers to participating in education, training, or employment? |  |  |
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| Personal Statement Why do you want to participate in this education program and what would you like to achieve from it? Include your motivations to study or what has drawn you to this program. You can discuss your ambitions and plans of where you would like to work and what type of job you would like to get once you have finished your studies. Please provide no more than one page answering this question. |  |  |
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| Financial Circumstances Which one of the following best describes your living situation?                          |                                      |   |    |  |
|---|--------------------------------------|---|----|--|
| □ Single  |                                      |   |    |  |
| □ Partnered – No Dependents   |                                      |   |    |  |
| □ Partnered – With Dependents   | Number of Dependents:                | Age of Dependent/s:   |    |  |
| □ Sole Parent/Carer   | Number of Dependents:                | Age of Dependent/s:   |    |  |
| □ Other, please specify:  |                                      |   |    |  |
|   |                                      | Please tick the appropriate box. If Yes, please attach a copy |    |  |
| Do you have a Health Care Card  | or Pension Concession Card?          | Yes<br>HCC  | No |  |
| Do you receive any Centrelink P   | Yes<br>Centrelink<br>Statement       | No<br>3 payslips or<br>ATO<br>assessment                      |    |  |
| Are you employed?   |                                      | Yes   | No |  |
| How long have you worked for th   | nis employer?                        |   |    |  |
| If you have a partner, please tell  | us a bit about their financial situa | ation.  |    |  |
| Do they have a Health Care Card?  | d or Pension Concession              | Yes<br>HCC  | No |  |
| Do they receive any Centrelink F  | Yes<br>Centrelink<br>Statement       | No<br>3 payslips or<br>ATO<br>assessment                      |    |  |
| Are they employed?  |                                      | Yes   | No |  |
| How long have they worked for t   |                                      |   |    |  |
| Is there anything else about your financial situation causing you hardship that you would like to tell us about ? |                                      |   |    |  |
|   |                                      |   |    |  |





**Reference Letter** – Please attach a letter of support from someone in your community who is supporting you in your studies. This may be an employer, a lecturer, church leader or someone known to you for some time.

Thank you for your time and effort in completing this application.



## **Declaration**

You must read and accept all conditions in the following declaration and authority before submitting your application. Your application cannot be considered unless you accept these conditions. By signing this form, you also:

- Declare that, to the best of your knowledge and belief, all the information you have provided is true and correct and you have fully and accurately completed the application.
- Recognise that it is your responsibility to provide all the necessary documentation to support this
  application as per the Application Checklist.
- Undertake to promptly advise the St Vincent de Paul Society Queensland if you become aware of any
  change in circumstances which causes the information contained in this application to become
  inaccurate or incomplete in a material respect.
- Authorise St Vincent de Paul Society Queensland to verify any information provided by you.
- Acknowledge the information you have provided will be shared with St Vincent de Paul Society
  Queensland staff and members involved in the selection process and will be relied on by the St Vincent
  de Paul Society Queensland in determining your application.
- Understand that giving false or misleading information is a serious offence under the Criminal Code Act 1995 (Commonwealth).
- Acknowledge the St Vincent de Paul Society Queensland may amend its assessment criteria or withdraw the scholarship program at any time at its sole discretion.

|         | □ TAgree | □ Tolsagree |
|---------|----------|-------------|
| Signed: | Date:    |             |
|         |          |             |
|         |          |             |

## **Privacy Statement:**

St Vincent de Paul Society Queensland collects your personal information to provide you with the Toowoomba Scholarship Program. We will use your personal information to contact you, develop an education plan with you and evaluate your progress through the program. We may not be able to offer you the program without this information. We may share your personal information with the program partners and with our technology service providers, including overseas. If you would like further information, see our privacy policy at: www.vinnies.org.au/privacypolicyqld

| Supporting Documents List   |  |  |  |  |
|---|--|--|--|--|
| <ul> <li>□ Copies of certificates and/or qualifications         <ul> <li>Centrelink Statement/s - applicant and/or partner</li> <li>□ Copy of Visa Information (please attach copy of your current Visa approval)</li> </ul> </li> <li>Centrelink Statements must be dated within 4 weeks of the application submission date and clearly identify name, address and Customer Reference Number (CRN).</li> </ul> | □ Research into course (if any) □ Payslips / Australian Taxation Office (ATO) Notice of Assessment □ Reference Letter – Applications will not be accepted without this.  * The reference letter must come from someone in the community who is supporting you in your studies. It may be an employer, a lecturer or someone know to you for some time. |  |  |  |