



APPLICATION FOR INDIGENOUS SCHOLARSHIP

APPLICANTS NAME: _____

NAME OF SCHOOL APPLICANT IS APPLYING FOR: _____

DATE OF APPLICATION: _____

The Hank Young Foundation

Po Box 590, Ormeau QLD 4208. Tel: (07) 3807 5541. Fax: (07) 3807 5620

Email: info@hyf.net.au Web: www.hyf.net.au

TRUSTEE: Koorie Welfare & Education Pty Ltd (Inc. in Vic)

REG.OFFICE: Suite 11 Midway Arcade, Eltham, VIC. 3095

ABN: 42631491436

ABOUT THE SCHOLARSHIP:

The Hank Young Foundation provides educational scholarships to students of Aboriginal and/or Torres Strait Islander descent. The value of each scholarship is determined by the individual's application and current financial circumstances. The scholarship will cover a percentage cost of **tuition fees only** at a Primary or Secondary School approved by the Foundation. All other expenses associated with a students' enrolment will be the responsibility of parents/guardians. Applicants must have received an offer of enrolment at the institution to which they have applied prior to a scholarship being awarded.

TERMS AND CONDITIONS OF SCHOLARSHIP:

Applicants in receipt of an Indigenous Scholarship from The Hank Young Foundation are required to:

- Adhere to the Code of Behaviour of the institution to which they are enrolled
- Participate in the co-curricular activities of the institution
- Maintain a satisfactory academic and attendance record for the duration of their enrolment
- Pay all costs and/or outstanding debts incurred at the institution in a timely manner
- Advise The Hank Young Foundation of any changes to circumstances which may affect the Scholarship

SUPPORTING DOCUMENTATION:

The following is a checklist to assist in completing this application. **Please note: your application will NOT be assessed unless the following information is attached:**

- | |
|--|
| <input type="checkbox"/> Confirmation / Evidence of Aboriginal and/or Torres Strait Islander descent |
| <input type="checkbox"/> Birth Certificate of Applicant |
| <input type="checkbox"/> Income Tax Assessment from Previous Financial year (both parents/guardians listed on application) |
| <input type="checkbox"/> Centrelink Income Statement for any payments received (e.g ABSTUDY, Parenting payment etc) |
| <input type="checkbox"/> Documentation in support of student achievements |
| <input type="checkbox"/> Additional documentation in support of financial hardship if applicable |

A copy of this application form will be provided to the school for placement on the student's file.

STUDENT DETAILS

Family Name:	Date of Birth: / /
Given Names:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Residential Address:	
Birth Place:	Age at date of application:
Current School:	Current Year Level:
Proposed commencement date:	Year level applying for:
Please list any academic, sporting or cultural strengths or achievements and <u>attach supporting documentation</u> :	
What are your interests and hobbies?	
What are your career interests and aspirations? (Students entering Year 10, 11 or 12 only)	

PARENT / GUARDIAN DETAILS

Name of Mother/Female Guardian:		
Residential Address:		
Postal Address (if different to above):		
Home Phone:	Mobile Phone:	Work Phone:
Email:	Current Occupation:	
Current Employer:		Years Employed:
Employers Contact Details (please provide name, address & contact number):		
Are you of Aboriginal or Torres Strait Islander Descent? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please provide details of the Indigenous community that you identify with:		
Name of Father / Male Guardian:		
Residential Address:		
Postal Address: (if different to above)		
Home Phone:	Mobile Phone:	Work Phone:
Email:	Current Occupation:	
Current Employer:		Years Employed:
Employers Contact Details (please provide name, address & contact number):		
Are you of Aboriginal or Torres Strait Islander Descent? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please provide details of the Indigenous community that you identify with:		

FINANCIAL DETAILS:

To assist The Hank Young Foundation in calculating the value of the applicant's scholarship please complete the following Statement of Income and Expenses.

To calculate the fortnightly amount of income or expense, divide annual amounts by 26 or multiply weekly amounts by 2. Evidence of income received, including all sources of financial assistance from Government agencies must be included with this application.

Statement of Income and Expenses:

FORTNIGHTLY INCOME	Mother / Female Guardian	Father / Male Guardian
Gross Income from Employment		
Child Support Received		
Parenting Payment		
Child Care Benefit		
Family Tax Benefit A and/or B		
Youth Allowance		
Austudy		
Abstudy		
Disability Support Pension		
Carers Payment / Allowance		
Sole Parent Pension		
Age Pension		
Other (Please specify)		
TOTAL INCOME:	\$	\$

Have you been issued with a Centrelink Pensioner Concession Card? Yes No

Card No: _____

Expiry Date: _____

FORTNIGHTLY EXPENDITURE	AMOUNT \$
ACCOMMODATION EXPENSES	
Mortgage / Home Loan Repayment	
Rent or Board	
LOAN REPAYMENTS	
Personal Loan Repayments	
Credit Card Repayments	
Store Accounts	
Other (Please specify)	
GENERAL LIVING EXPENSES	
Groceries and Food	
Health Costs (Health Insurance, prescriptions etc)	
Education Costs (school fees, childcare etc)	
TRAVEL EXPENSES	
Transport (Bus Fares etc)	
Fuel / Petrol Expenses	
Car Insurance	
Car Expenses (repairs & maintenance)	
UTILITIES	
Gas / Electricity	
Home Telephone	
Mobile Telephone	
Internet Access	
OTHER EXPENSES	
Rates	
Entertainment / Leisure	
Clothing (including footwear)	
Incidentals / Misc expenses	
TOTAL EXPENSES	\$

DECLARATION:

- I / We declare that the applicant listed on this form is of Aboriginal and/or Torres Strait Islander descent and identifies themselves as such.
- To be recognised as an Aboriginal or Torres Strait Islander you must
- be of Aboriginal or Torres Strait Islander decent: and
 - identify as an Aboriginal or Torres Strait Islander; and
 - be accepted as an Aboriginal or Torres Strait Islander in the community in which you live or lived.
- I / We declare that the information contained in this application and any attachments is true and correct.
- If successful in obtaining a scholarship for the student listed on this application, I / We accept that The Hank Young Foundation will contribute a percentage amount to the cost of tuition fees only. I / We understand that all other expenses associated with the education the applicant will be my / our responsibility. Such expenses will include items such uniforms, textbooks, stationary, subject levies, camps, tours and any other expenses invoiced by the institution throughout the duration of the applicant's enrolment.

Signature of Mother/Female Guardian: _____ Date: / /

Name in Full: _____

Signature of Father/Male Guardian: _____ Date: / /

Name in Full: _____

For further information or assistance with the completion of this form, please contact the Executive Officer, Mrs Roslyn Kingston on (07) 3807 5541 or email info@hyf.net.au

Send your completed application to:

**The Executive Officer
The Hank Young Foundation
PO Box 590
ORMEAU QLD 4207**

Office Use Only

<i>Financial Details</i>		<i>Applicant Details:</i>	
<i>Total Income</i>	\$	<i>Proof of Aboriginality</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Total Expenses</i>	\$	<i>Supporting Evidence</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Balance per fortnight:</i>	\$	<i>Comments:</i>	
<i>Comments:</i>			
<i>Scholarship Approved:</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		<i>Name & Signature of Authorised Person:</i>	
<i>Percentage Awarded:</i>		<i>Date:</i>	