

Please complete the form and bring it together with your supporting evidence

First Name:

Surname:

Banner ID: Date of Birth: / /

Course (please use accurate course title):

Email address:

Address:

Suburb: State: Postcode:

Home Telephone: Work Telephone: Mobile:

Status

Enrolment

- Enrolled
- Pre enrolled

Fees

- Paid
- Unpaid
- Payment Plan

Living circumstances

- No fixed address
- Living with Parents
- Living alone
- Living in shared accommodation
- Living with Partner

No. of dependent children in household:

.....

Additional Information:

.....

Employment/Financial

Select all that are relevant to you:

- Unemployed with no income support
- Government benefits (e.g. Centrelink Allowance/Pension/VET)
- Casual/Part-time
- Full-time
- Self-employed

Additional Information:

.....

Previous Study (If applicable)

Course:

Institution:

Level reached:

Last year of attendance:

Course:

Institution:

Level reached:

Last year of attendance:

Current Employment (If applicable)

Job description:

Name and address of employer:

Suburb:

State:

Postcode:

Date commenced:

Full time

Part time

Previous Employment (If applicable)

Job description:

Name and address of employer:

Suburb:

State:

Postcode:

Date commenced:

Full time

Part time

List previous scholarships (If applicable)

List previous scholarships (If applicable)	Was the Scholarship Awarded?
<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Referees

Provide details of TWO referees (Referees to supply a written statement of support. At least one reference to be a community reference).

Referee 1:

Name:

Occupation:

Address:

Suburb: State: Postcode:

Home Telephone: Work Telephone: Mobile:

Referee 2:

Name:

Occupation:

Address:

Suburb: State: Postcode:

Home Telephone: Work Telephone: Mobile:

Declaration

Applicants Name:

1. As a Student at Holmesglen Institute, I have not been suspended or had any disciplinary action taken against me.
2. I declare that the information on this form is true and accurate to the best of my knowledge.
3. I have made this claim for a Scholarship payment, fully aware that any false statements can lead to withdrawal/refusal of any financial support and may lead to me being prosecuted.
4. I understand that the application can be refused if all relevant information is not provided.
5. I also understand that the scholarship assessment and allocation process is competitive and that not all applicants who meet the eligibility criteria will be awarded a scholarship.
6. I have read and understood the information on this form, including the declaration, and agree to these conditions.

Applicants Signature:

Date:

**Counsellor/Koorie Student
Support Officer Name:**

**Counsellor/Koorie Student
Support Officer Signature:**

Date:

