



# Scholarship Application

**1.**

**Who may apply?**

To be eligible to seek financial assistance from On Track Foundation Inc. you must meet all of the following requirements:

1. Reside in the Central Highlands statistical region of Victoria, which includes Ballarat, Bacchus Marsh, Ballan, Ararat, Beaufort, Lexton, Avoca, Clunes, Creswick, Daylesford and Trentham (please ask us if you are unsure).
2. Be aged 24 years or younger.
3. Be eligible to attend: **(tick appropriate box)**
  - (a)  Preschool
  - (b)  Primary school
  - (c)  Secondary school or
  - (d)  Any level of post-secondary school education or training (eg. University, apprenticeship).
4. Have exhausted all other avenues of possible financial support.

**Application to enter Year Level                      in 20                      at (School)**

**DETAILS OF CHILD**

Please complete in block letters.

Family Name

Given Name/s

Date of Birth        /        /

Country of Birth

**Sex**     Male         Female

Is your child: an Aboriginal or Torres Strait Islander?         Yes         No  
an Australian citizen         Yes         No

If your child was not born in Australia, what year did he/she arrive?        /        /

What school (if applicable) does your child currently attend?

What languages are spoken at home?

Are you aware of any special needs your child may have?     Yes         No  
Please indicate below, by placing a tick in the appropriate boxes:

- English as a second language                                 Support programmes in literacy or numeracy  
 Other (please give details)

<b>DETAILS OF PARENT</b>	
<b>Father/Guardian's Contact Details</b>	<b>Mother/Guardian's Contact Details</b>
Title (Mr/Dr/other)	Title (Ms/Mrs/Dr/other)
Family Name	Family Name
Given Name/s	Given Name/s
Home Address	Home Address
Post Code	Post Code
Home Phone	Home Phone
Employer's Name	Employer's Name
Occupation	Occupation
Business Phone	Business Phone
Fax Number	Fax Number
Mobile Phone	Mobile Phone
Email Address	Email Address
<b>(Guardian) What is your relationship to the child</b>	
<input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Other (please specify)	
The child lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	



**4.**

Complete all questions on this form.

1. Have you applied for other financial assistance for your child?	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	What year?    /    /    What Institution?

2. What are your usual living arrangements?
<input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Living in a defacto relationship
<input type="checkbox"/> Other please give details:

3. List your dependants				
Given names	Family name	Date of birth	Relationship to you	Who do they live with?

4. Do you currently get a pension, benefit other than Family Tax Benefit (FTB) or allowance?
<input type="checkbox"/> No
<input type="checkbox"/> Yes Which one? <input type="checkbox"/> Age Sole parent <input type="checkbox"/> Disability Parenting p'ment <input type="checkbox"/> Widow Newstart
<input type="checkbox"/> Sickness Veterans <input type="checkbox"/> Youth allowance Special <input type="checkbox"/> Other Give details below:

**5.**

You must attach a copy of your pension or health care card										
Centrelink Customer Reference Number (CRN)										

5. Does your FAP* currently get a pension/benefit other than FTB or allowance? * See back page for the definition of Financially Associated Person (FAP)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes

You must attach a copy of your FAP's pension or health care card										
Centrelink Customer Reference Number (CRN)										

6. Excluding FTB, how much do you or your FAP get from any pension, benefit or allowance	
Your weekly amount	FAP's weekly amount
\$	\$

7. Do you or your FAP fall into any of the following categories?	
<input type="checkbox"/> No <input type="checkbox"/> Yes Which: <input type="checkbox"/> Self-employed <input type="checkbox"/> A primary producer (farmer, grazier) <input type="checkbox"/> A partner in a business <input type="checkbox"/> A director/shareholder in a business or company <input type="checkbox"/> Receiving money from a trust <input type="checkbox"/> Receiving any benefit from a business or company?	
Your gross yearly income	FAP's gross yearly income
\$	\$
You must provide a copy of your latest tax return, profit/loss statement and balance sheet.	
\$	\$

8. Are there existing family law orders and/or intervention orders?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes      Please attach copies

6.

<b>Person responsible for applicant must complete</b>	
<b>I (name)</b>	
<b>of (home address)</b>	
<b>Postcode</b>	

- (i) consent to and authorise Centrelink providing On Track Foundation Inc. with:
- confirmation of the current status of my Commonwealth benefit and other details as they relate to the scholarship fund entitlement for my child; and
  - an electronic statement of information, including current or historical details of payments received, dependents, Centrelink deductions, income, assets and confirmation of my current address.

I understand that On Track Foundation Inc. may request information from Centrelink at regular intervals during the life of my child's education and that I will be able to obtain a written copy of statements at any time from either On Track Foundation Inc. or Centrelink.

I also understand that this consent is ongoing and that I can revoke it at any time by giving written notice to On Track Foundation Inc.; and

- (ii) acknowledge that it is an offence to:
- fail to provide information required of me or my child and which is relevant to this application for Scholarship Fund assistance.
  - provide a document to On Track Foundation Inc. in connection with this application for Scholarship Fund assistance that is false or misleading.
  - make a false or misleading statement either orally or in writing in relation to this application for Scholarship Fund assistance.

(iii) have received a copy of On Track Foundation Inc's. privacy statement.

I therefore declare that all the information I have given is true and correct.

<b>Person responsible for applicant must sign</b>	
<b>Signature</b>	<b>Date</b> /     /

7.

**Note: If this application is made through a Referring Professional' (e.g. teacher, counsellor, health professional, casework, mentor)**

**- This certificate MUST be completed. If not, it may be interpreted as an expression of opinion that the application has no merit.**

<b>Referring Professional must complete</b>	
<b>I (name):</b>	
<b>of (the organisation)</b>	<b>Position held:</b>
<b>of (address)</b>	
<b>Postcode</b>	

**CERTIFY that the applicant has consulted me and I am of the opinion that this application has academic merit and/or is otherwise deserving of financial education assistance.**

<b>Referring Professional must sign</b>	
<b>Referring Professional's Signature</b>	<b>Date     /     /</b>



<b>COLLECTION NOTICE</b>
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On Track Foundation Inc. is committed to protecting your privacy and the confidentiality and security of personal information provided by you to us.

The Foundation and School collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the School. The primary purpose of collecting this information is to enable the School to provide schooling for your daughter/son.

You have the right to access any such information held by On Track Foundation Inc. and the School, which relates to you or your daughter/son and to correct information which is inaccurate. Access and/or correction enquiries can be made in writing to

The Principal,  
(of the engaging School.)

and/or

The Secretary,  
On Track Foundation Inc.  
P.O. Box 1610 Mail Centre  
Ballarat Vic. 3354

<b>DECLARATION</b>
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My signature below indicates that I have read and noted the Regulations for Enrolment stated in the and agree to abide by these and any regulations in force at the School. If my child is transferring from another school I authorise the School to obtain from that school such credit or other information that may be required. I certify that the information given herein by me is true and correct.

I enclose a photocopy of my child's birth certificate.

If the child resides with both parents, this application requires the signature of both parents. If parents are divorced or separated the signature(s) of the parent(s) responsible for all correspondence for the child is/are required.

_____ Father's name	_____ signature	Date     /     /
_____ Mother's name	_____ signature	Date     /     /
_____ Guardian's name	_____ signature	Date     /     /
_____ Referring (1) Professional name	_____ signature	Date     /     /
_____ Referring (2) Professional name	_____ signature	Date     /     /

**Definition of Financially Associated Person (FAP)**

The term FAP as used in this form is used to describe:

- persons who rely on you for financial support even if they are earning their own income
- persons on whom you rely for financial support even if you are earning your own income
- persons who could reasonably be expected to financially assist you in obtaining financial assistance.

Such persons would include your spouse / partner / children / other relatives / trust / corporation / group.

**Before you send in the application, check you have:**

1. **Answered all relevant questions**
2. **Attached all financial statements for the last three months if applicable**
3. **Attached proof of income**
4. **letter from Referring Professional'(s) (e.g. teacher, counsellor, health professional, casework, mentor)**
5. **copy of pension card, health care card or a letter from Centrelink or the Department of Veteran's Affairs**
6. **copy of your most recent tax return and balance sheet (if applicable)**
7. **Attached all documents/references relevant to your child's application**
8. **Signed the "Authority to release information and declaration"**