

2024 Scholarship Application Form

Personal Details

| First Name: | |
|--------------------|---------------------------|
| Surname: | |
| Age (year/months): | Date of Birth: |
| Gender: | □ Male □ Female |
| | □ Other (please specify): |
| Home Address: | |
| | |
| Home Phone: | Mobile: |
| Email Address: | |

Study Details

| Current School attending: | Year Level: | |
|---|-------------|--|
| University/TAFE/Registered Training Organisation you will attend: | | |
| Location: | | |
| Full name of tertiary course | | |
| Type of study: i.e. on campus/part-time/online | | |

Please outline the financial assistance you would require

This Scholarship will not fund upfront University/TAFE/RTO fees.

Please estimate the type of assistance you would require and include a cost for each item:

| Assistance Required for (Estimate Only) | Cost (Estimate) |
|---|-----------------|
| | \$ |
| | \$ |
| | \$ |
| Total | \$ |

Details of one of the Applicant's Parent(s) / Guardian(s):

(Please note that this is not required if applicant is over 18 years of age or is living independently)

| First Name: | | |
|----------------------------|---------|--|
| Surname: | | |
| Relationship to Applicant: | | |
| Home Address: | | |
| | | |
| Home Phone: | Mobile: | |
| Email Address: | | |

Supporting Information

Applicants have the choice to attach personal statements to either one category or both. It will be the quality of the information, not quantity that will strengthen your application.

Do your best to briefly describe your circumstances and the impact your involvement in the community and/or hardship has had on your own education. We have included some prompts to assist you however you can be as creative as you like with your submission.

Part 1:

a) Community Involvement – for non YDMH staff applicants

b) YDMH existing staff applicant – benefits of the study to current role or organisation services

Please explain in your own words your local community involvement or if YDMH existing staff member - reason for planned studies (maximum 500 words).

As a guide, you may wish to include any community or personal leadership experiences you have had such as extra curricula activities you have participated in, special interests, awards or certificates. How the study will add to your existing YDMH role, allow advancement in career/professional development or offer improvements to the service delivery.

Part 2: Financial Hardship

Do you currently receive Centrelink benefits?
Ves
No

If you ticked yes, please provide a copy statement from Services Australia (Centrelink) to support you claim. Go to the website for further assistance https://www.servicesaustralia.gov.au/

Please explain in your own words any difficult circumstances that have impacted upon your education and how a scholarship will benefit your studies in 2021. (maximum 500 words)

You may wish to include how you intend to financially support yourself through further education, equivalent full-time study load, or proposed living arrangements.

Details of one referee who will support this Scholarship application

The referee **MUST NOT** be directly related to the applicant (i.e. **NOT** a family relative or close friend). Acceptable referees are School Principals, Student Welfare Coordinators, Teachers, Club Leaders, Tutors, Coaches, Trainers etc.

Referee Details

| First Name: | | | |
|---|---------|-----|----|
| Surname: | | | |
| Home Phone: | Mobile: | | |
| Email Address: | | | |
| Relationship to Applicant: | | | |
| Has this referee been asked to support this application? \Box | | Yes | No |

Supporting Material

Each application must be accompanied by the following supporting material:

- Confirmation of enrolment in an applicable course
- Confirmation of successful completion of secondary studies (if applicable)
- Course outline

Signatures

Please ensure all signatures are obtained. This application will <u>NOT</u> be considered without all approving signatures.

Applicant

| Name | Signature | Date |
|------|-----------|------|
| | | |

Parent/Guardian

(Please note that this is not required if applicant is over 18 years of age or is living independently)

| Name | Signature | Date |
|------|-----------|------|
| | | |

Forward completed applications along with supporting documentation to:

| Post: | CEO, Yea & District Memorial Hospital, Scholarship Application 45 Station Street, Yea Vic 3717 |
|------------|---|
| In Person: | 45 Station Street, Yea |
| Email: | scholarship@ydmh.org.au |

Privacy Statement: This application remains confidential and will only be viewed and discussed by the Yea & District Memorial Hospital Scholarship Panel for the purpose of determining the most appropriate recipient/s.