



SAMPLE SCHOLARSHIP APPLICATION FORM

TERTIARY RENEWAL SCHOLARSHIP

*Please note that this is for sample purposes only – applications **must** be completed online.

| ABOUT YOU | |
|--|--|
| Applicant First Name | |
| Applicant Family Name | |
| Applicant Preferred Name | |
| Applicant Current Age | |
| Applicant Date of Birth | |
| Applicant Gender Identity | |
| If other, please specify | |
| Applicant Language spoken at home | |
| If other, please specify | |
| Applicant Country of Birth | |
| If overseas, which country | |
| Refugee (yes or no) | |
| Immigrant (yes or no) | |
| Applicant Year of arrival in Australia | |
| Aboriginal or Torres Strait Islander (yes or no) | |
| Applicant Street Address | |
| Applicant Suburb | |
| Applicant State | |
| Applicant Postcode | |
| Applicant Municipality | |
| Applicant Home Phone Number | |
| Applicant Mobile Phone | |
| Applicant Email | |
| Do you live independently? | |
| Do you have access to a computer at home? | |
| Do you have access to internet at home? | |

| ABOUT YOUR CURRENT STUDY | |
|---|--|
| Applicant Educational Establishment | |
| Applicant Educational Establishment other | |
| Applicant Year Level | |
| Applicant Course Title | |
| WHAT IS YOUR AREA OF TALENT? (YOU CAN HAVE MULTIPLE TALENTS) | |
| Academic Talent | |
| Arts Talent | |
| Leadership Talent | |
| Other Talents | |
| What is your career direction or goal? | |
| Please tell us about any other activities, additional to your study, you are involved in and the impact on your personal and educational development. For example: part time work, extra study classes, volunteering, leadership and community involvement | |
| EVIDENCE OF FINANCIAL OR SOCIAL HARDSHIP | |
| AB Study | |
| Health Care Card | |
| Pension | |
| Youth Allowance | |
| Other (please note proof of household income will be required in lieu of evidence of government assistance) | |
| Please describe your current family situation and reasons for hardship | |
| SCHOLARSHIP FEEDBACK | |
| Western Chances does not fund living costs, sport or sporting equipment, school or upfront university fees. Please refer to the scholarship criteria located on our website www.westernchances.org.au Note: Please list one item per window and cost items individually | |
| Assistance Required | |
| Cost | |
| Assistance Required | |
| Cost | |
| Assistance Required | |
| Cost | |
| Assistance Required | |
| Cost | |
| Assistance Required | |



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| Cost | |
| Assistance Required | |
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| Assistance Required | |
| Cost | |
| Assistance Required | |
| Cost | |
| Are you currently receiving any other financial support? | |
| If yes, please provide details including amount received | |
| DETAILS OF A REFEREE WHO WILL SUPPORT THIS SCHOLARSHIP APPLICATION | |
| Acceptable referees can include (but are not limited to) Schools Principals, Lecturers, Student Welfare Coordinators, Teachers, Club Leaders, Tutors, Coaches, Trainers etc.) <i>You cannot use a family member, friend or yourself</i> | |
| Referee Position Title | |
| Referee First Name | |
| Referee Family Name | |
| Referee Phone | |
| Referee Mobile Phone | |
| Referee Email Address | |
| Referee Relationship to you | |
| SCHOLARSHIP FEEDBACK | |
| How would renewal of your Western Chances scholarship impact your studies and assist you to achieve your goals and ambitions? Ensure you describe the effort and progress you are making toward achieving your goal. | |
| Is there any further information you would like to share with Western Chances or add to support this application? | |
| SCHOLARSHIP FUND ACQUITTAL | |
| In order to receive your renewal scholarship, please advise acquittal details | |
| Have you spent the full amount allocated from your last scholarship? (Yes/No) | |
| If yes, please list the items you have purchased. If no please type n/a. | |
| If no, please indicate how much money you have left and what items you are yet to purchase? If you have spent all funds, please type n/a. | |

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