

## SOUTH EASTERN CHANCES SCHOLARSHIP APPLICATION FORM

*South Eastern Chances provides support for children and young people living in South East Victoria, to obtain educational, cultural and social opportunities that would otherwise be unavailable to them due to a lack of financial and/or broader supports.*

### APPLICATION FORM

This Application Form asks for all details of the applicant and parent or guardian if under 16 years so that we can process your application promptly. **Please type or print clearly.**

| Details of Applicant (please give us all your details so that we can process your application) |  |          |               |
|--|--|----------|---------------|
| Full Name<br>(including middle initial if applicable)  |  |          |               |
| Date of Birth  |  | Gender   | Male / Female |
| Address  |  |          |               |
| Suburb   |  | Postcode |               |
| Preferred Telephone<br>(work/home/mobile)  |  |          |               |
| Email address  |  |          |               |
| Current health care card number  |  |          |               |

**Details of Applicant's Parent/Guardian (if under 16 years old)**

|  |  |          |  |
|--|--|----------|--|
| Full Name<br>(including middle<br>initial if applicable) |  |          |  |
| Address  |  |          |  |
| Suburb   |  | Postcode |  |
| Preferred<br>Telephone<br>(work/home/mobile)             |  |          |  |
| Email address  |  |          |  |

**Details of Referring Professional (e.g. teacher, leader, coach)**

|  |  |          |  |
|--|--|----------|--|
| Name   |  |          |  |
| Agency/School                                |  |          |  |
| Address                                      |  |          |  |
| Suburb                                       |  | Postcode |  |
| Preferred<br>Telephone<br>(work/home/mobile) |  |          |  |
| Email address                                |  |          |  |

**Details of Supporting Referee (someone who knows you and can endorse your achievements. This cannot be a family member or personal acquaintance)**

|  |  |          |  |
|--|--|----------|--|
| Full Name<br>(including middle<br>initial if applicable) |  |          |  |
| Address  |  |          |  |
| Suburb   |  | Postcode |  |
| Preferred<br>Telephone<br>(work/home/mobile)             |  |          |  |
| Email address  |  |          |  |

**Tell us about your area of interest/talent and your achievements so far in this area/talent...**

*\* Please attach separate pages(s) with any additional information to support your application.*

**How will this scholarship help you achieve your future goals?**

**Tell us about your circumstances leading to this application...**

**Tell us about your education and/or training...**

**Please detail any other support you have applied for and/or received...**

**Please detail the support you would like to receive from this scholarship. Please note that scholarships are limited to \$1,500 (please provide receipt(s) and/or invoices(s) if available.**

| <b>Item</b>    | <b>Cost \$</b> |
|----------------|----------------|
|                | \$             |
|                | \$             |
|                | \$             |
|                | \$             |
|                | \$             |
|                | \$             |
| <b>Total =</b> | \$             |

**Any other information you would like to share in support of your application...**

Yes, I have a commitment to engage in the South Eastern Chances program, including through possible promotion and providing relevant updates to the Connections Fundraising Administration Officer on any changes to details and/or circumstances. I have answered all questions openly and honestly.

| Applicant Agreement |  |
|---------------------|--|
| Applicant Name      |  |
| Date                |  |
| Signature           |  |

| Parent/Guardian Agreement |  |
|---------------------------|--|
| Parent/Guardian Name      |  |
| Date                      |  |
| Signature                 |  |

*\* Please attach separate pages(s) with any additional information to support your application.*

### APPLICATION FORM CHECK LIST

- Yes, I have completed all relevant sections of this Application Form
- Yes, my parent/guardian and I have personally signed and dated this Application Form
- Yes, I have enclosed a photocopy of my (or parent/guardian) health care card
- Yes, I have enclosed a photocopy of my (or parent/guardian) driver licence **or** passport **or** birth certificate (only one form of identification is necessary)

### SEND THIS APPLICATION FORM

**Post to:** South Eastern Chances  
Connections, Fundraising Administration Officer  
PO Box 2240  
Mount Waverley Victoria 3149 Australia

**Fax to:** 03 9271 0888

**Email to:** fundraising@connections.org.au

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*For enquiries or more information contact Connections, Fundraising Administration Officer, Nirasha De Silva on 03 9271 0800 or fundraising@connections.org.au*

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This application will form the basis of deliberations and decisions for a South Eastern Chances scholarship. We expect that all questions will be answered openly and honestly. You may attach additional information if you believe it will assist the panel in their deliberations. This application is confidential and will only be viewed and discussed by people directly connected to South Eastern Chances (staff of Connections, South Eastern Chances panel.)

PRIVACY POLICY: Connections acknowledges and respects the privacy of all individuals. The agency will comply with the Privacy Principles contained in the Privacy Amendment (Private Sector) Act 2000 (Commonwealth), the Information Privacy Act 2000 (Vic) and the Health Records Act 2001 (Vic). You can ask to see our Privacy Policy. If you have any questions call 03 9271 0800 and ask to speak to the Fundraising Officer of Connections.