Huon Valley Scholarship Application Form

Eligibility

* indicates a required field

Before you begin

Before completing this application form, ensure you have read the program guidelines. Incomplete applications received after the closing date will not be considered.

If you have any questions about these eligibility criteria, please contact the funder.

Scholarship privacy disclosure statement

Bendigo & Adelaide Bank Limited ABN 11 068 049 178 AFSL 237879The Bendigo Centre, Bendigo VIC 3550 PH 1300 304 541

1. Collection of your personal information

We, Bendigo and Adelaide Bank Limited and Community Enterprise Foundation Limited, collect your personal information to assess your application for a scholarship/grant and administer any scholarship/grant provided to you. If you provide incomplete or incorrect information we may be unable to assess your application.

1.Use and disclosure of your personal information

We treat your personal information as confidential and only disclose it to others where necessary. Your personal information is provided to the relevant scholarship/grant selection committee to assess your application.

Scholarship/grant selection committees may include any of the following parties:

- Chairman, nominated Directors and staff of Bendigo and Adelaide Bank Limited and/or its subsidiary companies
- Directors and staff of local Community Bank companies offering the scholarship
- Local citizens with special expertise (e.g. school principals)
- Staff from universities, secondary colleges or any organisation/club/group partnering with Bendigo and Adelaide Bank Limited to offer scholarships.

Your personal information may also be disclosed to related Bendigo and Adelaide Bank Group entities, our joint venture partners and Community Bank companies. Confidentiality is maintained at all times. If you have provided a referee to support your application, we may contact that referee and disclose relevant personal information contained in your application. If you are awarded a scholarship some of your personal information may be published on the Bendigo and Adelaide Bank Limited website. This information will include your full name, hometown, university name and course title.

1.Access to and correction of your personal information

In most cases you can gain access to and correct your personal information. Please contact us if you have an enquiry about your information:

Community Enterprise Foundation, PO Box 480, Bendigo, Vic 3552 Phone: 1300 304 541 OR Email: foundation@bendigobank.com.au

OR

Bendigo Bank, PO Box 480, Bendigo Vic 3552Phone: 1300 236 344 OR Email: contactus@bendigobank.com.au

1.Privacy Policy

You should also read our Privacy Policy. It contains information about:

- How to correct your personal information
- How to complain about a breach of the privacy laws by us and how we deal with a complaint
- Our disclosure of personal information to overseas entities, and where practicable, which countries those recipients are located in.

You can obtain a copy of the Privacy Policy from:

Bendigo and Adelaide Bank Limited at www.bendigobank.com.au/public/privacy-policy/full-privacy-policy

Bendigo Bank, PO Box 480, Bendigo Vic 3552Phone: 1300 236 344 OR Email: contactus@bendigobank.com.au

Community Enterprise Foundation™ at https://www.communityenterprisefoundation.com.au/policies/

Community Enterprise Foundation, PO Box 48, Bendigo, Vic 3552 Phone: 1300 304 541 OR Email: foundation@bendigobank.com.au

Rural Bank at https://www.ruralbank.com.au/policies/

Rural Bank, PO Box 3660, Rundle Mall, SA 5000Email: service@ruralbank.com.au

Community Enterprise Charitable Fund ABN 12 102 649 968 (the Fund), The Bendigo Centre, Bendigo VIC 3550

Sandhurst Trustees Limited ABN 16 004 030 737, AFSL 237906, a subsidiary of Bendigo and Adelaide Bank Limited ABN 11 068 049 178, AFSL 237879, is the trustee of the Fund.

Rural Bank Limited ABN 74 083 938 416, AFSL 238042, Grenfell Street, Adelaide SA 5000

Privacy notice

Bendigo Bank will respect and uphold your rights to privacy protection under the Australian Privacy Principles (APPs) as established under the Privacy Act 1988 and amended by the Privacy Amendment (Enhancing Privacy Protection) Act 2012. Please view our privacy statement here.

Acceptance

Do you agree to the scholarship privacy disclosure statement? * Do you consent to the collection of your sensitive information? * | lagree | loonsent

Contact details

* indicates a required field

Applicant information

Applicant * First Name	Last Name
Address * Address	
Is this address I	ocated within the area specified in the program criteria No
Eligible address Address	*
(eg. family home, or	school address - demonstrate your connection to our community)
Phone number *	
Must be an Australia	in phone number.
Email address *	
Must be an email ad Please don't use y	dress. your school email address.
Gender * Male Female Gender diverse Prefer not to re	
☐ A carer for a fa☐ ☐ Person from cu☐ ☐ Person with a €	he LGBTQIA+ community pove

Are you an Australia ○ Yes	an citizen or permano	ent resident? ○ No	*	
Do you identify as A ○ Yes	Aboriginal and/or Tor	res Strait Isla No	ınder? *	
Optional: please upl and Torres Strait Isl Attach a file:	load your confirmation lander people form	on of identity	- Verificati	on for Aboriginal
Age confirmation				
Month of birth *	Year of birth *		As of today, are * • Yes	e you 18 years of age or older?
Secondary contac	ct			
* First Name	Last Name			
Phone number *				
Must be an Australian ph	ione number.			
Email *				
Relationship to appl	licant *			
Parent/guardian				
* First Name	Last Name			
Phone number *				
Must be an Australian ph	ione number.			

Email *			
Please note: Should this applic student's email address so pl to print and sign a component or	ease ensure it is a	actively monitored	greement will be sent to the d. As parent/guardian, you will need
Relationship to applicant	*		
What type of scholarship of University TAFE Secondary School Primary School Other (only select if instru		ng for? *	
How did you hear about tl ○ Local Community Bank)? *	 Friend or family member
branch○ Bendigo Bank website○ Bendigo Bank branch	Careers adLocal adve		Good Universities GuideCommunity EnterpriseFoundation
School	Social med	ia	Other:
Name of program/course	you are/will be	undertaking.	*
Are you from a single income family? * ○ Yes ○ No		Do you (or your guard Card? * ○ Yes	dian) have a Health Care Card or a Concession O No
Please select your type of employment * Full time Part time Casual hours Not currently working		Are you the first pers pursue a higher educ Yes	son in your immediate or extended family to ation? * O No
Education and achiev	vements		
* indicates a required field			
History/background			
Current or last educationa	al institution a	ttended *	

Educational institution location Address	*
Suburb/Town, State/Province, and Post	ccode are required.
Highest level of education attained *	What year was this? *
If you have not received your sa later date.	score yet, you can save your application and complete at
If you have never received a rank,	select 'Other' and put '0' as your rank score.
Rank Type * O ATAR O OP O IB	O Other: Must be a number.
Have you studied at University before? * ○ Yes ○ No	Have you studied at TAFE before? * ○ Yes ○ No
About you	
Tell us about yourself. *	
Word count: Must be no more than 250 words.	
Describe your achievements at roles to support your application	school, in your community and any leadership on. *
Word count: Must be no more than 150 words.	
Leadership roles	
Example 1	
Word count: Must be no more than 15 words.	
Example 2	

Word count: Must be no more than 15 words.		
Example 3		
Word count: Must be no more than 15 words.		
Example 4		
Word count: Must be no more than 15 words.		
Tell us about your future study and care	eer aspirations. *	
Word count: Must be no more than 300 words.		
Describe the challenges and level of fin during your education and which may h study. *		
Word count: Must be no more than 250 words.		
Please share other challenges you have	faced during your e	ducation.
Word count: Must be no more than 250 words.		
Please outline what impact receiving the attending the course for which you have		
Word count: Must be no more than 200 words.		
Are you willing and able to participate i	n Community Bank H	luon Valley publicity if
you are successful? * O Yes	○ No	
Do you bank with us or would you be wi ○ Yes	illing to bank with us ○ No	? *

Referee details

This person is not related to you; it could be a teacher, a person in the community who knows you.

Please ensure you have advised your referee of your application, as they may be contacted if your application progresses.

Referee *					
First Name	Last Name				
_					
Phone number *					
Must be an Australian	ohone number.				
Email *					
Relationship to ap	plicant *				
mana and a day and a	and all also the				
Future educati	on details				
* indicates a require	d field				
Course provider/e	ducational instit	ution *			
				. u	
Name of primary/s	econdary schoo	i/otner eauc	ation provid	aer *	
School/campus loc	ation *				
Address					
Suburb/Town, State/Pr	ovince, and Postcod	e are required.			
What type of cour	se are you unde	rtaking? *			

Field of study *				
Name of course *				
If you are in primary or s	econdary sch	hool, please v	write the year you are goin	g into.
Second subject field	l of study	(double de	egree) *	
Name of course (do	uble degre	ee) *		
Planned course duration *			Years / months / weeks *	
Must be a number.				
Study schedule * O Full time	O Part time			
Month your course begins *			Year your course begins *	
Will you have to role	ocata or m	ove out of	home to undertake y	our studios2 *
will you have to rele		iove out oi	nome to undertake y	your studies:
Will you be studying	on/off ca	mpus *		

Financials and supporting documents

* indicates a required field

Course costs

What expenses will you incur for your study over the next 12-months and approximately how much will each cost?

E.g. Accommodation costs, course costs (excluding HELP), study-related materials/ equipment, textbooks, tutoring and/or education related travel (within Australia).

Click the 'Add more' button to add rows.

Category	Cost (\$)
	Must be a dollar amount.
	\$
Income	
What do you estimate your income will be ov	er the next 12 months?
Source of Income	Amount (\$)
e.g. part time job, Services Australia allowances, student payments.	Must be a dollar amount.
	\$
towards your education? * Yes	her funding (including other scholarships) O No
Applied for/confirmed funding	Value (\$)
other grants / bursaries / gifts / scholarships	Must be a dollar amount.
	\$
Mandatory supporting documentat	ion
Please note, you can save your application as documents at a later date.	nd return to upload the following required
Letter of offer (from the institution you Attach a file:	are applying to) *
Proof of score (your most recent acaden Attach a file:	nic score to support your application) *
Optional supporting documentation	n

The following support documents are optional:

- Referee letter
- Images (e.g. to show your community involvement, aspirations, passions etc.)
- Other supporting documents

Attach a file:	
More than one file can be uploaded.	
Supporting documentation	
Please feel free to upload any of the following	documents to support your application:
Referee letter	

Attach a file:

Images

More than one file can be uploaded.

Other supporting documents

Certification

* indicates a required field

This section must be completed by an appropriately authorised person; this needs to be the parent/guardian listed in this application if the applicant is aged under 18.

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if this scholarship is approved, we will be required to accept the terms and conditions in the scholarship agreement.

Certification *

○ I agree