



Olive A. Lewis Scholarship Application Form for Year 7, 8, 9 and 10 in 2020

*Applicant Declaration on Page 6 (back page) must be read and signed prior to submission of application.
Unsigned applications will not be accepted.*

SECTION ONE: STUDENT APPLICANT DETAILS

Given Names: _____ Surname: _____

Preferred Name: _____ Gender: _____

Street Address: _____

Suburb/Town: _____ State: _____ Post Code: _____

Year group of applicant in 2020 (please tick):

Year 7 in 2020 Year 8 in 2020 Year 9 in 2020 Year 10 in 2020

NAME OF SCHOOL (2020): _____

Has the applicant obtained any scholarships or other awards to assist for study in 2020?

YES (please provide details below)

NO

Please provide details of scholarship/award, including value:

Was the applicant awarded an *Olive A. Lewis Scholarship* in a previous year?

YES*

NO

**Please provide year and value:* _____

Do you qualify for a Health Care Card for 2020? YES

NO

SECTION TWO: DETAILS OF PRIMARY CAREGIVERS

(Note: All correspondence will be forwarded to the person indicated as 'Caregiver 1')

Caregiver 1	Caregiver 2 (if applicable)
Title (Mr, Ms, etc):	Title (Mr, Ms, etc):
Surname:	Surname:
First Name:	First Name:
Address: (if different to child)	Address (if different to child):
Relationship to applicant:	Relationship to applicant:
Current Occupation:	Current Occupation:
Current Employer:	Current Employer:
Currently studying? *Yes No	Currently studying? *Yes No
*If 'Yes' course title: _____	*If 'Yes' course title: _____
Mode of study (full-time/part-time): _____	Mode of study (full-time/part-time): _____
Date of completion: _____	Date of completion: _____
Contact Phone:	Contact Phone:
Mobile:	Mobile:
Email:	Email:

** Is the child part of a joint custody arrangement? YES NO

** If yes, statements of assets, liabilities and income **MUST BE COMBINED TOTALS** for **ALL** financial contributors to the homes in which the child lives. Separated/divorced couples who have re-partnered in a de facto or marital relationship must include financial details for their partners, in addition to the relevant financial attachments.

Details of other caregivers not listed above (name and relationship to primary caregiver or child):

1. _____
2. _____

Other Dependent Children

Name	Age	School attending	Year

SECTION THREE: FINANCIAL DETAILS

A. Assets of ALL Caregiver/s

List all assets/property you own or in which you have an interest (includes mortgaged property).

Real Estate	Address	Estimated Market Value
Property Address 1		\$
Property Address 2		\$

Bank Accounts Total balance of combined bank accounts (credit accounts such as VISA NOT included).	\$
Share Holdings Total balance of shares and debentures in private and public companies.	\$

Motor Vehicles Total Worth	\$
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TOTAL ASSETS	\$
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B. Liabilities (Debts) of ALL Caregiver/s

List all the amounts owed.

Mortgage Loan(s)	Estimated Balance Owning
Property Address 1	\$
Property Address 2	\$

Credit Card Accounts/Overdraft Outstanding balance of credit card and/or overdraft debts.	\$
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Other Liabilities (personal loans, etc.) Please specify:	\$
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TOTAL LIABILITIES	\$
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GRAND TOTAL ASSETS (Total Assets MINUS Total liabilities)	\$
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C. Income of ALL Caregiver/s

Please provide the gross **WEEKLY** income from all sources **AFTER** tax for **ALL** caregivers.

	Total Weekly Income
Salary/Wages Combined wages, salary, commissions, etc.	\$
Government Payments Combined payments from government pensions and benefits (including family allowance).	\$
Maintenance and Child Support received (contributing income from a parent/caregiver NOT part of a joint custody arrangement)	\$
Other forms of Income (e.g.: rental income from investment property/s, assistance from family members, etc.) <u>Please specify:</u>	\$
TOTAL INCOME	\$

D. Rent / Mortgage Expenditure

Please provide the gross **WEEKLY** rent/mortgage expenditure for the family home (residence of the child only – **DO NOT** include rent paid for premises in which the child does not live nor mortgage payments made in respect of any investment properties).

*** Where the child is in a joint-custody arrangement, both sets of mortgage/rent for the homes in which the child lives must be listed (please specify).

	Total Weekly
Rent (Total for ALL named caregivers)	\$
Mortgage (Total for ALL named caregivers)	\$
TOTAL RENT/MORTGAGE EXPENDITURE	\$
GRAND TOTAL INCOME (Total Income MINUS Total Rent/Mortgage Expenditure)	\$

APPLICANT DECLARATION

This section **MUST** be read and signed by the primary caregiver/s

- I acknowledge that one application form per applicant must be filled in, signed and submitted.
- I acknowledge that students who will participate in Gifted and Talented Secondary Selective Entrance Academic Programs in Years 7, 8, 9 and 10 in 2020 **ONLY** are eligible to apply.
- I acknowledge that the *Olive A. Lewis Scholarship* has been provided for children of ability whose further education in a Gifted and Talented Academic Program might be restricted by virtue of financial need and that the scholarships are allocated at the discretion of the Department of Education.
- I acknowledge that the maximum value of the scholarship is \$1000 per annum and there is the possibility for renewal in subsequent years, subject to submission of the relevant application form, and that the annual amount is subject to change.
- I acknowledge that all information requested in this application package must be provided and understand that all information will be kept strictly confidential within the confines of the Scholarship Selection Committee.
- I declare that I have retained a copy of my application.
- I declare that the information supplied in this application for an *Olive A. Lewis Scholarship* is complete, true and correct in all aspects.
- I acknowledge that the submission of incorrect or incomplete information relating to this application is my responsibility and may result in my application being deemed inadmissible and/or the withdrawal of any offer of scholarship.
- I acknowledge that it is my responsibility to ensure that all essential information relating to this application is complete and included with my application and that failure to provide any of the required information and/or evidence stated above by the due date will render my application inadmissible. I also acknowledge that the Department of Education will not be responsible for following-up on missing information/documentation.
- I acknowledge that it is my responsibility to ensure the application and enclosed supporting documents are received in hard-copy by the Department of Education by the closing time/date and that applications/documents received after the closing time/date or by fax/email will not be accepted.

CAREGIVER 1 NAME: _____

CAREGIVER SIGNATURE: _____ DATE: _____

CAREGIVER 2 NAME (where applicable): _____

CAREGIVER 2 SIGNATURE: _____ DATE: _____

Please send the completed application form with supporting documentation by either Australia Post or hand-delivery to:

**The Project Officer
Gifted and Talented Selection Unit
Department of Education
151 Royal Street
EAST PERTH WA 6004**

APPLICATIONS CLOSE 3PM, 20 DECEMBER 2019.
Late, faxed or emailed applications will not be accepted under any circumstances.