



# Olive A. Lewis Scholarship

## Application Form for Year 7, 8, 9 or 10 in 2023

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 student in 2023 (please tick):

Year 7 in 2023 ☐ Year 8 in 2023 ☐ Year 9 in 2023 ☐ Year 10 in 2023 ☐

NAME OF SCHOOL (2023): \_\_\_\_\_

Has the applicant obtained any scholarships or other awards to assist for study in 2023?

YES\* ☐ 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 2023? YES ☐ NO ☐

## SECTION TWO: DETAILS OF PRIMARY CARERS

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

Carer 1	Carer 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 ☐

**Please note 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 carers not listed above** (name and relationship to primary carer or child):

1. \_\_\_\_\_
2. \_\_\_\_\_

### Other Dependent Children

[illegible]

### SECTION THREE: FINANCIAL DETAILS

#### A. Assets of ALL Carer/s

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

Real Estate	Address	Estimated <u>Market</u> Value
Property Address 1		\$
Property Address 2		\$

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

<b>Motor Vehicles</b> Total Worth	\$
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<b>TOTAL ASSETS</b>	\$
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#### B. Liabilities (Debts) of ALL Carer/s

List all the amounts owed.

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

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

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

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

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

## SECTION FOUR: SUPPORTING STATEMENT – ESSENTIAL

**Write a statement that summarises why your child should be awarded an Olive A. Lewis Scholarship.**

Please detail any special circumstances that should be taken into consideration in assessing your financial circumstances. Special circumstances may include: additional costs associated with disability; extraordinary travel or living away from home expenses; the number of dependent students (18 and under) in your family living away from home; and other items of an extraordinary, unavoidable, ongoing nature (please attach separate sheet if more space is needed).


## SECTION FIVE: SUPPORTING DOCUMENTATION – ESSENTIAL

The following information must be enclosed with your completed application. You will need to provide evidence to allow your combined gross family income to be calculated. This income should include all parents/carers listed:

**1. Copy of three most recent payslip/s and allowance agency statements.**

If self-employed, please include copy of Business Activity Statements (BAS) and/or Income statements; or if reliant on Government allowances, please provide a statement from Centrelink or the relevant pension/allowance agency.

**2. Copy of most recent *Notice of Assessment* from Australian Tax Office, evidence of year to date income.**

**3. Income reported on *Income Statement* from all employment in the last 12 months, termination notice if applicable.**

**4. Photocopy of Healthcare Card/s (where applicable).**

**5. Copy of Semester 1, 2022 school report.**

# APPLICANT DECLARATION

**This section MUST be read and signed by the primary carer/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 or 10 in 2023 **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 estimated at \$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.

CARER 1 NAME: \_\_\_\_\_

CARER 1 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CARER 2 NAME (where applicable): \_\_\_\_\_

CARER 2 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

**Marnie Delauney  
Gifted and Talented Selection Unit  
Department of Education  
151 Royal Street  
EAST PERTH WA 6004**

**APPLICATIONS CLOSE 3PM, FRIDAY 16 DECEMBER 2022.  
Late, faxed or emailed applications will not be accepted under any  
circumstances.**