



Olive A. Lewis Scholarship

Application Form for Year 7, 8, 9 or 10 in 2022

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 2022 (please tick):

Year 7 in 2022 Year 8 in 2022 Year 9 in 2022 Year 10 in 2022

NAME OF SCHOOL (2022): _____

Has the applicant obtained any scholarships or other awards to assist for study in 2022?

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 2022? YES NO

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 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 Carer/s

List all the amounts owed.

Mortgage Loan(s)	Estimated Balance Owing
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 Carer/s

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

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

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 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.**
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, 2021 school report.**

APPLICANT DECLARATION

This section MUST be read and signed by the primary care/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 2022 **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 17 DECEMBER 2021.
Late, faxed or emailed applications will not be accepted under any
circumstances.**