Indigenous Commonwealth Scholarships

APPLICATION FORM

please tick

☑ Indigenous Commonwealth Education Costs Scholarship (up to eight payments)

OR

☑ Indigenous Enabling Commonwealth Education Costs Scholarship (up to two payments)

Cannot be held with a Start-Up Scholarship

☑ Indigenous Commonwealth Accommodation Scholarship (up to eight payments)

OR

☑ Indigenous Enabling Commonwealth Accommodation Scholarship CAS (up to two payments)

Cannot be held with a Relocation Scholarship

☑ Indigenous Access Scholarships (one-off payment) for commencing students

Can be held with CAS or Relocation Scholarship / CECS or Start-Up Scholarship
I confirm I am able to meet the following eligibility criteria:

Please tick the eligibility requirements which you meet in your application.

Commonwealth Accommodation Scholarship Applicants must complete the Additional Section box below.

☐ I am an Australian citizen.
☐ I am Indigenous Australian Aboriginal or Torres Strait Islander descent.  
   By ticking this box you confirm you are of Australian Aboriginal or Torres Strait Islander descent.

☐ I am in receipt of a Commonwealth Supported Place (CSP) (previously known as a HECS funded place).

☐ I have NOT previously received one or more of the following from another institution:
   • an Indigenous Enabling Scholarship; OR
   • an Indigenous Access Scholarship; OR
   • an Indigenous Commonwealth Education Costs (CECS) or Indigenous Commonwealth Accommodation Scholarship (CAS).

☐ I am undertaking/intend to undertake a course:
   ☐ with a full time study load; OR
   ☐ exceptional circumstances prevent me enrolling in a full time study load.  
   Documentary evidence will be required to support this statement.  If you wish to have exceptional circumstances taken into account, please write a brief statement (max ½ page) outlining your circumstances and attach documentary evidence verifying your statement.
I do NOT hold a previous degree unless it is a prerequisite to my current or proposed undergraduate course (example graduate entry Medicine program at Notre Dame).

I will be attending lectures on campus and will not be studying by external mode.

**Additional Section**

In addition, if you are applying for an Indigenous Commonwealth Accommodation Scholarship or Indigenous Enabling Commonwealth Accommodation Scholarship:

**Mature Age Applicants:**
Within the four years immediately preceding the commencement of the current course of study at Notre Dame (four years includes study within another program or at another university, where the student has transferred from):

- I have lived in a regional or remote area of Australia for a total of at least three years:
  
  Town: __________________________ Postcode: ____________
  
  **OR**

- I have lived in a regional or remote area of Australia for a total of at least two years, and the student has relocated from the regional or remote area of Australia to undertake vocational education and training (eg TAFE) for a maximum of two years duration immediately preceding the commencement of their undergraduate course:
  
  Town: __________________________ Postcode: ____________

  **AND**

- It was necessary for me to move from the regional or remote area in order to undertake a higher education course of study;

  **AND**

- As a result of the above, I have incurred additional accommodation costs.

**School Leaver Applicants:**
Within the four years immediately preceding the commencement of the current course of study at Notre Dame (four years includes study within another program or at another university, where the student has transferred from):

- I completed my final two years of schooling in a high school or college in a regional or remote area:
  
  School: __________________________
  
  Town: __________________________ Postcode: ____________
  
  **OR**

- it was necessary for me to live away from my regional or remote home to complete the whole or the majority of my secondary schooling at a high school or college in a major city:
  
  School: __________________________
  
  Town: __________________________ Postcode: ____________

  **AND**

- It was necessary for me to move from the regional or remote area in order to undertake a higher education course of study;

  **AND**

- As a result of the above, I have incurred additional accommodation costs.
1. **FINANCIAL DETAILS**

1.1 Do you personally receive any of the following? Please tick ✓ all that apply:

- [ ] Youth Allowance
- [ ] AUSTUDY
- [ ] Wage/income
- [ ] Carer Allowance
- [ ] Pension Education Supplement
- [ ] Support from family
- [ ] Other (specify) __________________
- [ ] Pension (specify) __________________

**ALL APPLICANTS MUST SUBMIT A COPY OF THEIR CENTRELINK PAYMENT ADVICE WITH THIS APPLICATION**

1.2 Are you in receipt of any scholarships? Please specify. _____________________

________________________________________________________________________

1.3 Please indicate your status:

- [ ] Single (living at home)
- [ ] Single (independent)
- [ ] Single (living with other family members)
- [ ] Single (living away from home but supported by parents/family or other) (See 1.4.1)
- [ ] Sole parent/carer
- [ ] Partnered, with dependants
- [ ] Partnered, no dependants
- [ ] Other (specify) __________________

**Income**

1.4 Please specify your average fortnightly income. If you are partnered please provide average combined income.

- [ ] Individual Income
- [ ] Partnered/Combined Income

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Amount per fortnight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Allowance/AUSTUDY/ABSTUDY/Pension</td>
<td>$</td>
</tr>
<tr>
<td>Part-time work</td>
<td>$</td>
</tr>
<tr>
<td>Assistance from family</td>
<td>$</td>
</tr>
<tr>
<td>Child support/scholarship/grant (specify)</td>
<td>$</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>$</td>
</tr>
</tbody>
</table>

Total average fortnightly income: $ per fortnight

1.4.1 If living away from home and supported by family, specify type of support and amount of financial help received from your family per fortnight. (Only complete if living away from home.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Expenses

1.5 Please provide an estimate of your fortnightly expenses. If you are partnered, please provide combined fortnightly expenses.

☐ Individual Income  ☐ Partnered/Combined Income

<table>
<thead>
<tr>
<th>Expense</th>
<th>$ per fortnight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent/board/mortgage (specify)</td>
<td>$</td>
</tr>
<tr>
<td>Food/groceries</td>
<td>$</td>
</tr>
<tr>
<td>Transport</td>
<td>$</td>
</tr>
<tr>
<td>Car (ins/registration)</td>
<td>$</td>
</tr>
<tr>
<td>Gas/electricity/phone</td>
<td>$</td>
</tr>
<tr>
<td>Childcare</td>
<td>$</td>
</tr>
<tr>
<td>Loan repayments</td>
<td>$</td>
</tr>
<tr>
<td>Incidental/other: __________________________</td>
<td>$</td>
</tr>
<tr>
<td>Other: _______________________________________</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total fortnightly expenses:</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

Assets

<table>
<thead>
<tr>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Car</td>
</tr>
<tr>
<td>House</td>
</tr>
<tr>
<td>Bank accounts</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

1.6 Please provide a brief statement outlining how your financial situation affects your life. What basic needs, if any, are you or your family missing out on?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. RESPONSIBILITY FOR OTHERS

2.1 Do you have responsibility for others?

☐ Yes  ☐ No (go to Section 3)
2.2 How many children under 18 do you support?  
What are their ages?

2.3 Please indicate which option best describes your parental responsibilities:

- Sole parent/carer
- Primary carer
- Shared caring situation

2.4 Do you have any dependents other than children?

- Yes (Please provide details)  
- No

2.5 Please comment if any of your dependents have special needs.

3. REFEREES

Please include references from two referees who can verify your circumstances eg. employer, parish priest, teacher. Please supply their name, address and contact details. References from family members are not appropriate.

I declare that the information I have supplied concerning my circumstances is true and accurate to the best of my knowledge. I understand that providing false or misleading information or documentation is a serious offence under the Criminal Code (Commonwealth). I authorise the Scholarships Committee to obtain relevant information about me to support this application from educational and other sources and to confirm ongoing eligibility.

<table>
<thead>
<tr>
<th>Name of Applicant</th>
<th>Signature of Applicant</th>
<th>Date</th>
</tr>
</thead>
</table>

If the applicant is under 18 years of age at the date of submission the signature of the applicant’s parent or guardian is required.

<table>
<thead>
<tr>
<th>Name parent or guardian</th>
<th>Signature of parent or guardian</th>
<th>Date</th>
</tr>
</thead>
</table>

Attach any supporting materials to your application and forward this to:

Student Administration Office  
(Attention: Scholarships)  
The University of Notre Dame Australia,  
PO Box 1225,  
Fremantle WA 6959,  
or hand deliver to:  
Student Administration Office  
19 Mouat Street (Building ND1)  
Fremantle WA
Please note that documents will not be returned to applicants. If you wish to retain the original of a document please supply a certified copy with this application.

Giving false or misleading information is a serious offence under the Criminal Code (Commonwealth)

ALL INFORMATION PROVIDED WILL BE CONFIDENTIAL TO THE SCHOLARSHIP COMMITTEE OF THE UNIVERSITY

Privacy Statement:
The collection of information in this form is authorised by the Department of Education Employment and Workplace Relations (DEEWR) and Centrelink. The purpose is to assist in the proper administration of the Commonwealth Scholarships. No information will be disclosed to any other agency or person other than DEEWR and Centrelink, except as authorised under the Privacy Act 1988.

Document checklist

Documents supporting your statements in the initial application form must be attached and submitted with this form. Please use the following checklist to ensure all verification documents have been attached. Applications without verification documents or incomplete applications may not be considered.

Please tick ✓ in the box if you are attaching the following document:

☐ Statement as to why you cannot study full-time (example: due to carer responsibilities, financial hardship or health issues for yourself or others in which case a doctor’s letter or medical records as evidence would be appropriate).

☐ Copy of Centrelink Payment Advice.

☐ Copy of a recent payslip (from part-time, casual work, etc).

☐ Evidence of other income (e.g. bank statement, etc).

☐ Evidence of significant expenses (e.g. rent, mortgage, medical, major debts, loan repayments etc).

☐ Copy of Pension Concession Card or Medicare Care with dependent names listed.

☐ Evidence of carer’s responsibilities for others (e.g. doctor’s letter).

☐ Evidence of health and/or disability in relation to yourself or others in your care (e.g. doctor’s or relevant professional’s letter).

PLUS FOR INDIGENOUS CAS APPLICANTS:

☐ Evidence of rural/regional residency (e.g. an official letter addressed to you, utility or Shire/Council accounts, etc.). If you are a school leaver these can be addressed to your parent(s) or guardian(s).