

Rosemary Bishop Indigenous Education Scholarship Program

Secondary School Scholarship, 2013



Closing Date: Thursday 31 May 2012

PARENT/GUARDIAN APPLICATION FORM

Parent/Guardian Full Name:.....

Student Applicant's Full Name:

Applicant's Gender (please circle): Male/Female

Address:

.....**State:** **Post Code:**

Home Phone:.....

Mobile:

Email Address:

Date of Birth: **Age:**

School Currently Attending: **Year:**

Is the applicant Aboriginal? Yes/No **Is the applicant Torres Strait Islander? Yes/No**

Please identify the applicants Mob (Traditional Owner/Language Group)

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Is the applicant eligible for full Abstudy Assistance? Yes/No:

NB: Through the administration of the Rosemary Bishop Indigenous Education Scholarship Program, Yalari Limited will need to collect personal information from you. This will include personal information provided on this scholarship application form and maybe other personal information collected from the school that you are currently enrolled at. The purpose of this information being collected by Yalari Limited is to administer the Rosemary Bishop Indigenous Education Scholarship Program and will not be used for any other purposes.

PO Box 1355, Oxenford QLD, 4210

p 07 5665 8688 f 07 5665 8611

e info@yalari.org abn 66 113 794 148

***EACH QUESTION IN THIS SECTION MUST BE COMPLETED ***

FIRST CONTACT:

Parent/Guardian/Main Carer:.....Your Age.....

Relationship to Scholarship Applicant:

Address:.....

Home Phone: Work Phone:

Fax Number: Mobile:

Email Address:

Relationship Status: Single/De facto/Married? (circle)

Are you Aboriginal and/or Torres Strait Islander? (circle)

Please identify your Mob/Family/Traditional Owner/Language Group?

Are you employed?..... Full time or part time?.....

Where do you work?.....

Where did you go to school?.....

What is your highest level of education?.....

Partner or Alternative Contact (PLEASE CIRCLE)

Name:Age

Relationship to Scholarship Applicant:

Address:

Home Phone: Work Phone:

Email:..... Mobile:

Relationship Status: Single/De facto/Married? (circle)

Are you Aboriginal and/or Torres Strait Islander? (circle)

Please identify your Mob/Family/Traditional Owner/Language Group?

Are you employed?..... Full time or part time?.....

Where do you work?.....

Where did you go to school?.....

What is your highest level of education?.....

***EACH QUESTION IN THIS SECTION MUST BE COMPLETED ***

Biological Mother Details - (If different to above)

Name:..... Age

Address:

Home Phone: Work Phone:

Fax Number: Mobile:

Email Address:

Relationship Status: Single/De facto/Married? (circle)

Are you Aboriginal and/or Torres Strait Islander? (circle)

Please identify your Mob/Family/Traditional Owner/Language Group?

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Biological Father's Details - (If different to above)

Biological Father :..... Age:

Address:

Home Phone: Work Phone:

Fax Number: Mobile:

Email Address:

Relationship Status: Single/De facto/Married? (circle)

Are you Aboriginal and/or Torres Strait Islander? (circle)

Please identify your Mob/Family/Traditional Owner/Language Group?

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1. How did you hear about Yalari?

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2. What do you know about Yalari?

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3. How do you identify as an Indigenous person?

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4. Why do you want your child to go to boarding school?

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5. How many other children in the family and their ages?

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6. Are any of your other children on a scholarship or education programs (past or present)?

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7. Have you applied for any other scholarships for this applicant? If yes, please specify.

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8. Describe your child's personality? (e.g. Are they outgoing or reserved, do they mix well with other children, leader, caring, generous)

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9. What are your child's hobbies? (e.g. Play a musical instrument, art)

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10. Does your child play sport? If so which sport?

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11. How well does your child swim? (PLEASE CIRCLE)

Weak
(Can swim 10m unaided)

Average
(Can swim 25m unaided)

Strong
(Can swim 50m or more unaided)

12. What do you see as being your child's achievements?

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13. Do you think your child will suffer from homesickness and how will you support them?

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14. How will you cope with your child being away at boarding school?

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15. How often would you be able to visit your child at their boarding school?

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16. Do you have any family or friends that live within 100km of any of the cities or towns where a Yalari Partnership school is located?

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17. Do you have a preference for any of our partnership schools? Please explain why.

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18. How will you encourage your child to stay at school and complete Year 12?

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19. What are your hopes for your child's future?

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20. If you do not Qualify for the full amount of Abstudy (means & non means components) how will you be able to meet your obligation of \$5000 per year?

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21. Is there any other information that you would like us to take into consideration in regards to your child, yourself and your family?

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Parent /Guardian/Main Carer signature.....

Print Name

Date.....

Please return all completed documents and forms to;

**Yalari Limited
PO Box 1355
Oxenford QLD 4210**

Closing date for applications: Thursday 31 May 2012

Please include in your application;

- Parent Application
- Student Application
- Most recent school reports
- Reference from Principal or Teacher
- Recent photo
- Completed Medical Form
- Birth certificate
- Most recent NAPLAN results

LATE AND INCOMPLETE APPLICATIONS
WILL NOT BE CONSIDERED.