ATSI Education Scholarship Program
Form Preview

Eligibility

* indicates a required field

New Section

Grant Program Name

This field is read only.
The program this submission is in.

Grant Objective

The Grant aims to:

- Promote educational participation and achievement.
- Reduce financial barriers to education and training.
- Recognise and celebrate the achievements and aspirations of First Nations community members.
- Strengthen partnerships between Council, local educational institutions, businesses and the Aboriginal and Torres Strait Islander community.
- Advance Council's commitment to reconciliation and community development.

Applicants Please Read

Before completing this application form, you should have read the program guidelines

This grant program offers funding up to **$1,000.**

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is important that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact **Community Grants Team** at communitygrants@cumberland.nsw.gov.au or 02 8757 9000.

If you do contact us throughout the application process, please quote the application number below.

Application Number

This field is read only.
The identification number or code for this submission.

Are you applying for this scholarship as an individual? *

○ Yes
○ No
Organisations are not eligible to apply for this scholarship.

Do you identify as an Aboriginal and/or Torres Strait Islander person? *
○ Yes
○ No
This scholarship is available to applicants who identify as Aboriginal and/or Torres Strait Islander.

Do you currently reside within the Cumberland Local Government Area (LGA)? *
○ Yes
○ No
Applicants must currently reside within the Cumberland Local Government Area (LGA)

Are you enrolled, or intending to enrol, in an eligible education, training or professional development opportunity? *
○ Yes
○ No
Applicants must be enrolled, or intending to enrol, in an eligible education, training or professional development opportunity.

Applicant Details

* indicates a required field

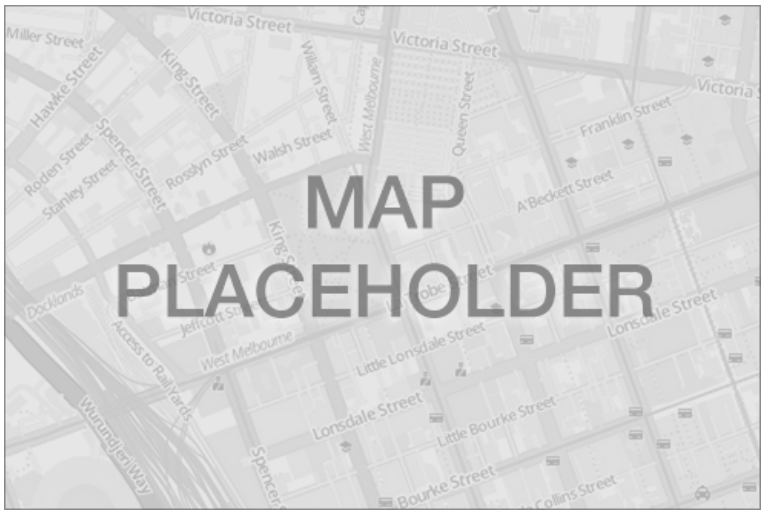
Applicant Type

Are you under 18 years of age? *
○ Yes
○ No

Applicant *
Title | First Name | Last Name

Date of Birth *
Must be a date.

Applicant Primary Address *
Address



Applicant Primary Email *

Must be an email address.

Applicant Mobile Phone Number *

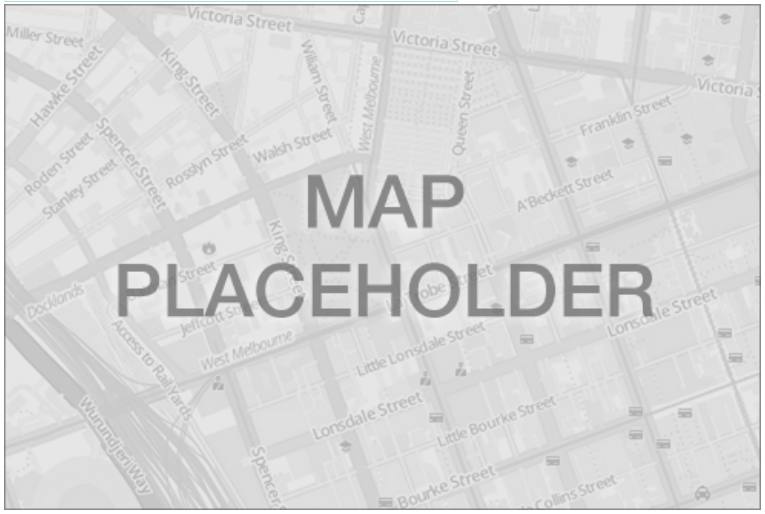
Must be an Australian phone number.

Parent or Guardian *

Title | First Name | Last Name

Primary Address *

Address



Primary Email *

Must be an email address.

Parent or Guardian Mobile Phone Number *

Must be an Australian phone number.

Please upload parent/ guardian consent *
Attach a file:

Eligibility Verification

Check if you live in the Cumberland LGA at https://www.olg.nsw.gov.au/find-my-council

Provide evidence that you are a resident of the Cumberland LGA. *
Attach a file:

Must be a recent phone bill, letter with address etc.

Provide evidence of Aboriginal and/or Torres Strait Islander identity *
Attach a file:

Education and Scholarship Assessment

* indicates a required field

Education / Training Details

Which of the following best describes the education, training or professional development you are undertaking or intending to undertake? *

- ○ Secondary Education
- ○ TAFE or Vocational Education and Training (VET)
- ○ Apprenticeship or traineeship
- ○ University Studies
- ○ Other:

Name of the Course, Qualification or Training Program? *

Please provide a brief description of the course or training opportunity and the organisation delivering it.? *

Word count:
Must be no more than 100 words.
Please tell us more about opportunity and the education or training provider.

Course/training commencement date *

Must be a date.

Course/training completion date *

Must be a date.

Total Amount Requested *

This number/amount is calculated.
What is the total financial support you are requesting in this application?

Evidence of enrolment or intended enrolment *
Attach a file:

Scholarship Assessment

How would you like to provide your response? *
- ○ Written Response
- ○ Video Response

Written Response

Tell us about your educational goals and aspirations? *

Word count:
Must be no more than 250 words.
What are you working towards, and what would you like to achieve through your education, training or professional development?

How would receiving this scholarship help you? *

Word count:
Must be no more than 250 words.
Tell us what difference the scholarship would make to your education or training, how it would help you achieve your goals, and any benefits this may have for your community.

Tell us about any barriers or challenges that make it harder for you to participate in education or training. *

Word count:
Must be no more than 250 words.
This may include financial or other circumstances that affect your ability to access or continue your education or training. Only share what you are comfortable providing.

Tell us about your involvement in your community, school, education, workplace or other activities. *

Word count:
Must be no more than 250 words.
You may include examples of participation, contribution, leadership, volunteering, mentoring or other ways you are involved.

Video Response

Please upload a single video (up to 2 minutes) explaining:

1. Your educational goals and aspirations. (e.g. What are you working towards, and what would you like to achieve through your education, training or professional development?)
2. How this scholarship would help you. (e.g. Tell us what difference the scholarship would make to your education or training, how it would help you achieve your goals, and any benefits this may have for your community.)
3. Any barriers or challenges you have experienced in pursuing education or training. (e.g. This may include financial or other circumstances that affect your ability to access or continue your education or training. Only share what you are comfortable providing.)
4. Your involvement in community, school, workplace, or other activities. (e.g. You may include examples of participation, contribution, leadership, volunteering, mentoring or other ways you are involved.)

Your video must address all four topics and be less than 25 MB in file size.

Please upload video response less than 25 MB *
Attach a file:

Link to the video

Must be a URL.
If you experience difficulties uploading your video, please provide a shareable link (e.g. YouTube, Dropbox, OneDrive, or Google Drive) and ensure it is accessible to assessors.

Scholarship Budget

* indicates a required field

Detailed Budget

Please complete the budget table below by listing **every expense** related to your project. This includes:

- Costs you are requesting funding for from Cumberland City Council
- Contributions from other funding sources

Your budget must be **itemised** (clearly break down each cost) and all amounts should be well researched to reflect the actual prices you expect to pay.

Eligible costs may include tuition/course fees, educational resources or equipment, textbooks and learning materials, technology required for study, education-related travel and other approved education-related expenses.

Budget

Applications can be made for up to $1000.00

Expenditure / Item	Amount Requested from Cumberland Council	Other Contributions
	Must be a dollar amount	Must be a dollar amount.

Total Amount Requested from Cumberland City Council *

This number/amount is calculated.

Total Other Contributions *

This number/amount is calculated.

Total Cost of the program *

This number/amount is calculated.

Evidence of Costs

Upload evidence supporting the costs included in the budget, such as a quote, invoice, fee statement, course information, screenshot of an advertised price or other suitable evidence.

Supporting Cost Documentation *
Attach a file:

Supporting Cost Documentation *
Attach a file:

Supporting Cost Documentation
Attach a file:

Supporting Cost Documentation
Attach a file:

Supporting Information

* indicates a required field

Supporting Reference

Would you like to provide a supporting reference? *
- ○ Yes
- ○ No

Referees

Referee 1
Title | First Name | Last Name

Relationship to applicant

Primary Phone Number
Must be an Australian phone number.

Email
Must be an email address.

Mobile Phone Number

Must be an Australian phone number.

Upload completed acknowledgement form for Referee 1
Attach a file:

Referee 2
Title First Name Last Name

Relationship to applicant

Primary Phone Number

Must be an Australian phone number.

Email

Must be an email address.

Mobile Phone Number

Must be an Australian phone number.

Upload completed acknowledgement form for Referee 2
Attach a file:

Privacy and Declaration

* indicates a required field

Privacy Statement

Some information that Cumberland City Council (Council) is collecting from you is personal information for the purposes of the Privacy and Personal Information Protection Act 1998 ("PPIP Act"). The supply of the information by you is voluntary. If you do not provide the information Council may not be able to accept your application for funding. The information will be retained by Council and stored in Council's Central Records System and will not be made publicly available. You may make an application for access or amendment to your personal information. You may make a request that Council suppress your personal information from a public register. Council will consider any such application in accordance with the PPIP Act. Cumberland City Council is to be regarded as the agency that holds the information. For more information about your privacy please contact Cumberland City

Council. Complaints or concerns regarding the use of your personal information can be made to Council's Privacy Contact Officers.

Declaration, Consent, and Authority

Applicants under the age of 18 must have the consent of their parent or legal guardian.

This **MUST** be completed by the applicant or organisation.

- I certify that to the best of my knowledge the statements made in this application are true.
- I understand that if Council approves the application, I will be bound by the contents of my application to carry out my project as I have described and my application will form part of my contractual agreement with Cumberland City Council.
- I understand that the information provided on my grant application and in any related documentation/discussions may be provided to members of the assessment panel in order to assist Council in processing your grant application. Members of the assessment panel may include Council and non Council representatives.
- I consent to the information contained within this application being disclosed to or by the Council for the purpose of assessing, administering and monitoring my current and any future Council grant applications.
- By submitting an application I consent to Council publishing the applicant's name, project description and amount funded on our website, this information may also be used for promoting the Cumberland Community Grants Program.
- I am authorised by the Applicant to submit this application, to make the above **Declaration** and provide the above **Consent.** I understand that this is an application only and may not necessarily result in funding approval.

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*

○ Yes

Contact Person *

Title | First Name | Last Name

Contact Person Mobile Phone Number *

Must be an Australian phone number.

Contact Person Primary Email *

Must be an email address.

Date *

Must be a date.

Feedback

How easy was it to fill out the form?

- ○ Very Easy
- ○ Easy
- ○ Moderate
- ○ Difficult
- ○ Very Difficult

How was your experience completing this application form? What worked well, and what could be improved?

Word count:
No more than 50 words