**TOCAL SCHOLARSHIP APPLICATION FORM**

Please note: • You must have applied for a fulltime course at Tocal College prior to being considered for a scholarship

* This form may also be used to allocate other types of student financial support
* Please print clearly, preferably using capital letters (upper case) to complete this form

# Personal information

Tocal full time course you have applied for: Surname: Given names: Date of birth:

Permanent address: City / Town: State: Postcode: Home phone: ( ) Mobile: ( ) Present address: (until / / ) City/town: State: Postcode: Email:

**Education** (Please attach copy of last school report)

School: Years attended: Record of School Achievement (RoSA) Grades:

 Higher School Certificate results:

Other courses completed:

**Employment history** (Please indicate your previous jobs and include voluntary work experience marked VWE)

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| --- | --- | --- |
|  Start & Finish Date | Name of Employer | Position Held / Main Duties / Responsibilities |
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**Reason for scholarship:**

**Please attach a letter that describes the main reasons for your application and email to** *tocalyouth.ed@dpi.nsw.gov.au****.***

# Financial Information

Taxable income last financial year: (This information remains confidential to the College selection panel)

Applicant income $ Type of Work:

Parent/Carer One Income $ Position:

Parent/Carer Two Income $ Position:

Others who live in your house and their relationship to you:

|  |  |  |
| --- | --- | --- |
| Name | Relationship | Age or Year at School |
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Do you receive any assistance payments e.g., Youth Allowance, ABSTUDY, Austudy, Rent Assistance or other Scholarships or Bursaries? (Please tick) [ ] Yes [ ]  No

Name(s) of assistance payments you currently receive:

Total Amount per fortnight $

Name(s) of assistance payments you expect to continue while studying at Tocal:

Have you submitted your application to attend Tocal? (Please tick) [ ] Yes [ ]  No

Have you started the interview process yet at the College? (Please tick) [ ] Yes [ ]  No

References: (State names and phone numbers of two people who are prepared to act as referees)

|  |  |
| --- | --- |
| Name | Phone Contact Details |
|  |  |
|  |  |

# Declaration

***I declare that the information provided on this form and its attachments are correct. I have attached a letter and copies of recent tax returns.***

Signature: Date: / /

Witness’ Name\*: Signature: Occupation:

(\*Justice of the Peace, teacher, accountant, or solicitor who can confirm the details on this application are true and correct)

Allocation of scholarships is based on an assessment of the student’s potential to do well in the course and their family’s financial position with respect to paying College fees. **Please attach copies of a recent tax return** (Either current or previous year’s, or a statement by an accountant for you and your parents, detailing the taxable income for your household).

**Please complete this form and scan and return to:** The Deputy Principal @ *tocalyouth.ed@dpi.nsw.gov.au.*