



IGA VARIETY BRIAN TREASURE SCHOLARSHIP APPLICATION FORM

Scholarships are awarded annually to young people who are sick, disadvantaged or have special needs and demonstrate a significant degree of talent and a strong commitment to a career in the arts, entertainment, media, education or sports.

1. NAME OF CHILD:

.....

2. ADDRESS:

Street

.....

Suburb

Postcode

3. DATE OF BIRTH (Applicants must be aged 18 years or younger as of 1 January 2010; funds may be awarded on a pro rata basis if recipients turn 19 during the scholarship year):

.....

4. SPECIAL NEED OR DISADVANTAGE:

.....

.....

5. PARENT/S OR GUARDIAN/S NAME/S:

.....

6. TELEPHONE: (HM):

(WK):

.....

MOBILE:

EMAIL:

.....

7. AREA OF STUDY REQUIRING FUNDING (EG SINGING, BASKETBALL ETC):

.....

.....

8. AMOUNT OF FUNDING REQUESTED: \$

.....

9. SPECIFIC USE OF SCHOLARSHIP (EG PAYMENT FOR TUITION, PURCHASE UNIFORMS, COMPETITION FEES, PURCHASE OF MUSICAL/SPORTS EQUIPMENT ETC):

.....

.....

9. NOMINATED BY:

.....

10. RELATIONSHIP/ORGANISATION TO NOMINEE:

.....

.....

11. PLEASE LIST NOMINEE'S ACADEMIC BACKGROUND:

.....

.....

.....

.....

.....

.....

12. PLEASE LIST NOMINEE'S CHOSEN VOCATION/ CAREER ASPIRATIONS

.....

.....

.....

.....

.....

.....

.....

.....

.....

13. PLEASE LIST NOMINEE'S ACHIEVEMENTS TO DATE/ AWARDS RECEIVED IN FIELD OF ENDEAVOUR

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

14. DETAILS OF INDIVIDUAL TUTOR OR ORGANISATION IF DIFFERENT FROM NOMINATOR:

.....

.....

15. PLEASE INCLUDE SUPPORTING LETTERS FROM AT LEAST TWO (2) REFEREES:

- Occupational Therapist Principal/Teacher/Tutor Medical Practitioner
 Social Worker Coach Other

16. PLEASE PROVIDE NAME AND CONTACT DETAILS OF 2 PROFESSIONAL CONTACTS WHO CAN ACT AS REFEREES FOR THIS APPLICATION (Teacher, Principal, etc.):

.....
.....
.....

17. HAVE YOU PREVIOUSLY RECEIVED ASSISTANCE FROM VARIETY? IF YES, PLEASE PROVIDE DETAILS (eg: date, nature of appeal, amount)

.....
.....

FINANCIAL BACKGROUND - Please note this is strictly confidential

The charter of Variety, the Children’s Charity requires that assistance can only be rendered to children who are sick, disadvantaged or have special needs. For that reason, we need to ascertain certain financial information on the family of each applicant to ensure the child fits within the Variety charter:

18. NO. OF DEPENDENTS: **AGES:**

19. FAMILY INCOME (NET MONTHLY): \$
(Please attach supporting documentation for verification ie: Payslips)

20. FINANCIAL ASSISTANCE (NET MONTHLY): \$
(Pension, Disability Allowance, Other)

21. MONTHLY EXPENSES (APPROX.): \$
(List main expenses ie: Food)

22. PLEASE TICK () DO YOU: OWN HOME RENT MORTGAGE

Privacy collection statement

Your privacy is respected by Variety. The personal information you provide on this form (including sensitive information about your health) will be used to assess your eligibility or for the administration of our Scholarship programme. It may be provided to organisations that assist us, or as required or authorised by law, but we will not use any of your sensitive information for marketing purposes, without your prior consent.

If you have any privacy concerns or would like to verify information held about you please contact Variety The Children’s Charity **PO Box 669, Victoria Park WA 6979 or call 08 9355 3655.**

I consent to Variety collecting the information provided on this form. I understand that if I do not provide the information requested, I may be ineligible to receive assistance from Variety.

.....
[Signature]

.....
[Date]

.....
Print name if signed by Parent/Guardian

PUBLICITY

IF YOUR SCHOLARSHIP APPLICATION IS APPROVED, VARIETY MAY WISH TO PUBLICISE ITS WORK, IN CONJUNCTION WITH YOUR SCHOLARSHIP, IN BOTH THE ELECTRONIC AND PRINT MEDIA.

I/We give my/our consent for Variety to generate publicity should my/our application be successful. Please tick appropriate box.

Yes

No

Signature:

Print Name:

Date:

Please Note: - You must complete the form or your application will not be processed. If you require assistance to complete this application, **please call Variety WA on 9355 3655.**

Check List Please ✓ the boxes if attached.

- Completed application form
- Income documentation attached
- Two (2) supporting letters

Please post completed form with relevant information as per the above check list to:

**Variety WA
PO Box 669
VICTORIA PARK WA 6979
Ph: 9355 3655
Fx: 9355 5122**

**ADDITIONAL INFORMATION MAY BE ATTACHED TO SUPPORT YOUR APPLICATION
IF YOU WISH**

Applications received without a full submission will not be considered. Please complete the original application form, do not create your own application form.

This application must be received by the Variety office by the last mail of Monday 7 December 2009.

Please be aware that your application will be one of many and therefore the selection process will take some time. Successful applicants will be notified by mail and the 2010 Scholarship funding period will commence on 1 January 2010.

Successful applicants should be available for an official presentation in the first quarter of 2010.

Unsuccessful applicants will be notified by mail, but as all final decisions are made by a Committee, we are unable to enter into discussions as to the reason for any lack of success.