

## **Indigenous Bursary**

The Trinity Indigenous scholarship is available to local Aboriginal and Torres Strait Islander students entering Year 7 who would benefit from a Trinity education. Through this Bursary the College seeks to support indigenous students who can demonstrate potential excellence, commitment to the values and ideals of Trinity Catholic College Lismore and a desire to achieve their goals beyond schooling. The Bursary would apply to tuition fees from Year 7 through to Year 12.

Each Bursary will provide up to a full reduction in tuition fees and will be tenable for the student's years at the College. All other fees and charges will remain as normal. Full Bursaries, Half Bursaries, Third Bursaries and Quarter Bursaries cover 100%, 50%, 33.3% and 25% of tuition fees respectively.

Bursaries are subject to annual review, and may be withdrawn if there is evidence that the student is not working to capacity or cooperating with school authorities. Bursary holders must maintain a level of performance commensurate with their ability and follow all normal School rules.

**Eligibility -** Students must be regarded as Indigenous Australians and should have sufficient self- confidence and personal support to enter a new school at Year with the intention of continuing to Year 12.

**Selection Criteria -** Academic levels and achievements of a student are considered, but are not the predominant criteria for selection. Selection is based on consideration of the following criteria:

**Academic** - students should demonstrate: sufficient study skills to cope with the demands of the curriculum; good work habits, eg completing homework, preparedness to tackle new work; interest in learning, and reasonable literacy and numeracy levels

**Talent** - students should demonstrate some outstanding talent in a particular field of endeavour such as in sport, art, dance, music, drama, leadership, etc.

**Commitment** - students must demonstrate a preparedness to commit to stay at the College until the completion of Year 12.

**Attitude** - students must demonstrate a positive attitude to learning, be able to adjust to and respond positively to the school environment and have the social skills and confidence to relate well with others.

### **Application process**

Bursary Applications need to include:

- 1. A covering letter explaining the reasons for the application
- 2. A completed Trinity Catholic College Lismore Enrolment Application Form
- 3. A completed confidential Financial Information form
- 4. Two references one of which must be from the current Year 6 class teacher

Once received at the College the Applications will be reviewed by the Selection Panel, which is comprised of the Principal, Director of Finance, the Head of Learning Enrichment, and a representative from the College Council. An interview with student and parent/carers may be required.

The final decision with respect to successful Bursary recipients will rest with the Selection Panel. The Selection Panel will determine the nature of the Bursary offered. The Principal will notify successful and un-successful applicants.



# Indigenous Bursary Application Financial Information Form

### PRIVATE AND CONFIDENTIAL

| Student's Name:      |              |                     |                                   |
|----------------------|--------------|---------------------|-----------------------------------|
| Particulars of Other | Dependent Ch | nildren in the Fami | ily                               |
| Name                 | )            | Age                 | School/University/Other           |
|                      |              |                     |                                   |
|                      |              |                     |                                   |
|                      |              |                     |                                   |
|                      |              |                     |                                   |
|                      |              |                     |                                   |
| extent, from any oth | er school.   |                     | e receiving a subsidy and to what |
|                      |              |                     |                                   |
|                      |              |                     |                                   |
| Name of Father or G  | uardian:     |                     |                                   |
| Address:             |              |                     |                                   |
|                      |              |                     | Postcode:                         |
| Telephone: (Home)    |              | (Busine             | ess)                              |
| (Mobile)             |              | Email address:      |                                   |

| 4.  | Name of Mother or Guardian:                    |   |
|-----|--|---|
|     | Address:                                       |   |
|     |  | Postcode:                               |
|     | Telephone: (Home)                              | . (Business)                            |
|     | (Mobile)Email addre                            | ss:                                     |
| 5a. | Employment Details: Father/Guardian            |   |
|     | If self'employed:                              |   |
|     | Name and Address of Own Business:              |   |
|     |  | Postcode:                               |
|     | Type of Business:                              |   |
|     | Year Business Established:                     | No of Employees:                        |
|     | Annual Gross Income: \$                        |   |
|     | Net Income Before Tax: \$                      | Net Income after Tax: \$                |
|     |  | OR                                      |
|     | Name and Address of Employer:                  |   |
|     |  | Postcode:                               |
|     | Position Held:                                 |   |
|     | Annual Gross Salary: \$                        |   |
|     |  |   |
| 5b. | Employment Details: Mother/Guardian            |   |
|     | If self'employed:                              |   |
|     | Name and Address of Own Business:              |   |
|     |  | Postcode:                               |
|     | Type of Business:                              |   |
|     | Year Business Established:                     |   |
|     | Annual Gross Income: \$                        |   |
|     | Net Income Before Tax: \$                      | Net Income after Tax: \$                |
|     |  | OR                                      |
|     | Name and Address of Employer:                  |   |
|     |  | Postcode:                               |
|     | Position Held:                                 |   |
|     | Annual Gross Salary: \$                        | Annual Net Salary: \$                   |
|     | Pay slips are to be submitted together with it | most recent Tax Returns and Assessments |

| Why are you applying f              | or Fee Assistance or a   | Bursary?          |                          |
|-------------------------------------|--------------------------|-------------------|--------------------------|
|                                     |                          |                   |                          |
|                                     |                          |                   |                          |
|                                     |                          |                   |                          |
|                                     |                          |                   |                          |
| 7. Other Sources of Incor           | ne and/or Cash           |                   |                          |
| (Verification required)             |                          |                   |                          |
| DETAILS:                            |                          |                   |                          |
| ASSET                               | LOCATION                 | VALUE OR          | HELD                     |
|                                     | LOCATION                 | BALANCE           | Jointly/husband/wif<br>e |
|                                     |                          |                   | (Please indicate)        |
| nvestment Properties                |                          |                   |                          |
| ank Accounts                        |                          |                   |                          |
| uilding Society                     |                          |                   |                          |
| credit Union                        |                          |                   |                          |
| ash Management Trust                |                          |                   |                          |
| Shares                              |                          |                   |                          |
| Debentures                          |                          |                   |                          |
| Managed Funds                       |                          |                   |                          |
| Other (eg, Centre Link<br>Payments) |                          |                   |                          |
| Please provide details o            | f items – copy of Bank   | Accounts, Bank S  | tatements, etc           |
| Details of Accommoda                | tion (Principal Residenc | ce)               |                          |
| ☐ House ☐ Flat                      | □ Owned □ R              | ented (Please     | tick appropriate box)    |
| If rented, please indicate          | weekly rent: \$          | Length of Lea     | se:                      |
| If owned, please comple             | te the following:        |                   |                          |
| Year Purchased:                     | Purcha                   | se Price: \$      |                          |
| Amount Borrowed: \$                 | Peri                     | od of Loan:       |                          |
| Current Balance Owing:              | \$Current N              | Monthly Payments: | S                        |
|                                     | * Please                 |                   |                          |

| 9   | . Details of Car(s) Ow        | ned                 |                         |                         |                        |
|-----|-------------------------------|---------------------|-------------------------|-------------------------|------------------------|
|     | Number of cars owne           | d: <i>(Please</i> i | tick appropriate i      | box)                    |                        |
|     | □ 1 □                         | 2                   | ☐ Compa                 | ny Car                  |                        |
|     | Please give details of        | car(s):             |                         |                         |                        |
|     |                               |                     | 1 <sup>st</sup> Car     | 2 <sup>nd</sup> Car     | Company Car            |
|     | Make and Model                |                     |                         |                         |                        |
|     | Purchase Price                |                     |                         |                         |                        |
|     | Car fully paid for (Yes/No)   |                     |                         |                         |                        |
|     | Monthly Payments              |                     |                         |                         |                        |
|     | Period of Loan                |                     |                         |                         |                        |
|     | Current Balance Owi           | ng                  |                         |                         |                        |
|     | Net Value                     |                     |                         |                         |                        |
|     | * Please provide evid         | dence of lo         | an repayments           |                         |                        |
| 10. | Overseas Travel               |                     |                         |                         |                        |
|     | Have either parents o months? | r any memb<br>☐ Yes | pers of the family ☐ No | / travelled overseas c  | during the last twelve |
|     | If YES, please give fu        | II details:         |                         |                         |                        |
|     | Source of funds:              |                     |                         |                         |                        |
| 11. | Additional Informati          | on                  |                         |                         |                        |
|     | Please supply any ad          | ditional info       | rmation which m         | nay assist your applica | ation.                 |
|     |                               |                     |                         |                         |                        |
|     |                               |                     |                         |                         |                        |
|     |                               |                     |                         |                         |                        |
|     |                               |                     |                         |                         |                        |
|     |                               |                     |                         |                         |                        |

#### 12. Declaration

I declare that the particulars shown in this application form and in any accompanying documents are true and correct in every detail and disclose a full and complete statement of my total income derived from all sources.

I also agree that should any relevant information prove to be false, or omitted from this application, it will render the application null and void.

| ICE USE ONLY |
|--------------|
|              |

Principal