

THOMAS HEPBURN

LENNOX

SCHOLARSHIP TRUST

STUDENT APPLICATION FORM

Thomas Hepburn Lennox Scholarship Trust
Northcott Disability Services
1 Fennell Street
North Parramatta NSW 2151

Phone (02) 9890 0100

Postal Address:
PO BOX 4055
Parramatta NSW 2124

Applications Close: 23rd October 2009

THOMAS HEPBURN LENNOX SCHOLARSHIP

STUDENT APPLICATION FORM

NOTE: Please complete this form by printing in black pen or by typing your responses. Ensure that a copy of your most recent school/TAFE/university report or results notification is attached to this application.

Your application will be treated as confidential.

1. YOUR PERSONAL DETAILS

Surname: First Names:

Address: Street:

Suburb: State: Post Code:

Phone: () Mobile:

Male [] Female []

What is your age? years What is your date of birth: / /19

What is your physical disability?
.....
.....

How do you think your physical disability could present problems for you when you enrol in tertiary studies?
.....
.....

What years have you been a client of the Northcott Society? 19 to 20

What school/TAFE college/university you are attending this year?
.....

What is your year of study? (e.g. year 12)

If you are not attending a school/ TAFE/ university this year, when and where did you last attend and what was your year of study? (e.g. year 10)
.....

Are you an Australian citizen or permanent resident? YES [] NO []

What is the first language spoken in your home?

8) YOUR REFEREES

Please give the names, addresses and phone numbers of two referees, one of whom is familiar with your academic performance that the Scholarship Advisory Committee can contact.

- 1) Name:
Address:
Phone:
- 2) Name:
Address:
Phone:

9) FINANCIAL ASSESSMENT

SECTION A (to be completed if you are living with a parent or guardian)

PERSONAL DETAILS OF PARENTS OR GUARDIAN

- 1) First Name: Surname:
Date of Birth: Nationality:
Country of Birth: Year first came to Australia:
Is a translator needed? YES [] NO []
Highest level of education:
- 2) First Name: Surname:
Date of Birth: Nationality:
Country of Birth: Year first came to Australia:
Is a translator needed? YES [] NO []
Highest level of education:

CHILDREN LIVING AT HOME (if applicable)
(including the applicant)

Girls' Name/s	Date of Birth	Boys' Name/s	Date of Birth
.....
.....
.....
.....
.....

DETAILS OF FINANCIAL CIRCUMSTANCES

(Complete if living with your parents or guardian)

- 1) Do you receive any Benefits, Pensions, or PSO/Community Participating Program funding or will you be eligible in the coming year? YES [] NO []

If so, which ones:

.....

Are you in receipt of, or have you applied elsewhere for another scholarship in the forthcoming year? YES [] NO []

If yes, please supply details:

.....

- 2) Do your parents/guardian receive any Benefit or Pension? YES [] NO []

If YES tick which ones:

Supporting Parent Benefit []

Unemployment Benefit []

Widows Pension []

Sickness Benefit []

Special Benefit []

Disability Support Pension []

Any other benefit? (Please specify)

- 3) (i) Are you currently employed? YES [] NO []

If employed, please state your occupation:

Casual [] Part-time [] Full-time []

If unemployed, please state most recent type of employment:

.....

(ii) Are your parents/guardians/carer currently employed? YES [] NO []

If employed, please state occupation/s:

Casual [] Part-time [] Full-time []

If unemployed, please state most recent type of employment:

.....

- 4) Fortnightly Payments (include parents/guardian/carer and yourself)

INCOME

Income \$

Family Payments \$

Other Income:

Details \$

\$

\$

\$

Fortnightly Total \$

EXPENDITURE

Mortgage (per f/n) OR \$

Rent (per f/n) \$

Public Rental [] Private Rental []

Other Regular Expenses:

Details \$

\$

\$

\$

\$

Fortnightly Total \$

SECTION B (To be completed if the applicant lives independently or with a spouse/ partner)

PERSONAL DETAILS OF SPOUSE/PARTNER (if applicable)

1. First Name: Surname:
Date of Birth: Nationality:
Country of Birth: Year first came to Australia:
Is a translator needed? YES [] NO []
Highest level of education:

CHILDREN LIVING AT HOME (if applicable)
(including the applicant)

Girls' Name/s	Date of Birth	Boys' Name/s	Date of Birth
.....
.....
.....
.....

DETAILS OF FINANCIAL CIRCUMSTANCES

(To be completed if you live independently or with your spouse/partner)

- 1) Do you receive any Benefits, Pensions, or PSO/Community Participating Program funding or will you be eligible in the coming year? YES [] NO []
If so, which ones:
Are you in receipt of, or have you applied elsewhere for another scholarship in the following year? YES [] NO []
If yes, please supply details:
- 2) Do your spouse/partner receive any Benefit or Pension? YES [] NO []
If YES tick which ones:
Supporting Parent Benefit []
Unemployment Benefit []
Widows Pension []
Sickness Benefit []
Special Benefit []
Disability Support Pension []
Any other benefit? (Please specify)
- 3) (i) Are you currently employed? YES [] NO []
If employed, please state your occupation:
Casual [] Part-time [] Full-time []
If unemployed, please state most recent type of employment:

(ii) Is your spouse/partner currently employed? YES [] NO []
 If employed, please state occupation/s:

 Casual [] Part-time [] Full-time []
 If unemployed, please state most recent type of employment:

4) Fortnightly Payments (include parents/guardian/carer and yourself)

INCOME		EXPENDITURE	
Income	\$	Mortgage (per f/n) OR	\$
Family Payments	\$	Rent (per f/n)	\$
Other Income:		Public Rental [] Private Rental []	
Details	\$	Other Regular Expenses:	
Details	\$	Details	\$
.....	\$	\$
.....	\$	\$
.....	\$	\$
Fortnightly Total	\$	\$
		Fortnightly Total	\$

The information provided in this application form, to the best of my knowledge, is correct.

Signature: Date:

You may wish to write more information than the spaces allow. If so, please attach any extra pages to the back of the application form.

APPLICATIONS CLOSE: 23rd October, 2009

MAKE SURE YOU HAVE INCLUDED WITH YOUR APPLICATION FORM:

A COPY OF YOUR MOST RECENT SCHOOL/TAFE OR UNIVERSITY REPORT OR RESULTS NOTIFICATION.

MAIL YOUR APPLICATION TO:

Thomas Hepburn Lennox Scholarship Trust Advisory Committee
 Northcott Disability Services
 PO Box 4055
 Parramatta NSW 2124

Phone Enquiries: Elizabeth Mead: (02) 9890 0135