Form Preview

Tertiary Education Application

* indicates a required field

Information for applicants

Before completing this application form, please ensure you have read the WYCBT Grant Guidelines & Information document. The document provides details regarding the required eligibility criteria.

WYCBT Grant Guidelines & Information

The funding application is for the following:

- Tertiary (University) Education Program provides beneficiary students studying for a
 degree at a University with assistance towards expenses directly associated with their
 course, such as books, stationery, digital technology, resources and additional direct
 expenses, and
- Students studying at undergraduate and postgraduate degree levels are eligible for assistance to the capped value of \$5,000 per calendar year.

Please answer all questions, as incomplete applications will be delayed and cannot be assessed.

If you have any queries about the grant application, please contact the WYCBT Grant Admin Officer on 0499 992 865 or email admin@wycbt.org.au.

Confirmation of Eligibility

As the Applicant, I confirm that:

- I have read and understood the WYCBT Grant Guidelines & Information document, and
- The student is a member of one of the Aboriginal groups;
- I have acquitted any previous funding assistance from WYCBT through a Grant Progress Report/ Evaluation Report if requested.

I confirm that all
statements above are
true and correct *

□ Yes

You must confirm that all statements above are true and correct before continuing.

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the <u>Australian Privacy Principles (APPs)</u> as established under the <u>Privacy Act 1988</u> and amended by the <u>Privacy Amendment (Enhancing Privacy Protection) Act 2012</u>.

Applicant Details

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* indicates a required field
Are you applying on behalf of a minor?* *
○ Yes
○ No
If not you as the Applicant are the student for the

Student Address *

O No
If not, you as the Applicant, are the student for the purpose of this application.

What is your relationship to the student/s you are applying for? O Parent O Guardian / Carer
Applicant Details
To be completed by a parent / guardian / carer if the student is under 18 years old.
Applicant's Full Name * Title First Name Last Name
Applicant's Address * Address
Applicant's Email *
Must be an email address.
Applicant's Phone Number *
Must be an Australian phone number.
Applicant's Date of birth *
Must be a date.
Student Details
If the student is under 18 years, enter their details below.
Student name * First Name Last Name

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Address	
Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required	d.
Student Date of Birth Must be a date.	
Which Aboriginal group does the student identify with? *	
 Wiri / Widi Yuwi / Yuwiburra Barada Barna Birra Gubba Nation living within the Agreement Area 	
NOTE: Applications for Yuwi/Yuwiburra have been temporarily re-opened. Who is the beneficiary's apical ancestor?	
Please upload evidence of Aboriginal group status Attach a file:	
(i.e. birth certificate, letter and/or family tree)	
Tertiary Provider Details Name of Tertiary School	
Organisation Name	
Address of Tertiary School Address	
Name of the program	
Attach evidence of enrolment * Attach a file:	
Duration of program	

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Financial Assistance

* indicates a required field

Does the application include a request for a device (iPad or computer)? * ○ Yes ○ No					
Attach a copy of the req Attach a file:	uirements that the	e studies req	uire a device. *		
1.In the following table, 2.Include the cost of eac 3.Attach a Tax Invoice / 4.Specify which student	h item. quote / receipt for ea	ich item.	ch item you seek funding for.		
Click 'Add more' to add add	litional rows to the to	able			
Description	\$ Amount		Attach invoice / quote / receipt		
	Must be a dollar a	mount.			
Total amount of financial assistance requested \$ Amount is calculated from the above table.					
Is funding being receive ○ Yes ○ No	d from other sour	ces, including	Government Assistance? *		
Other funding receive	ed including Gov	vernment A	ssistance		
Click 'Add more' to add add	litional rows to the ta	able			
Other funding received	\$	Amount Just be a dollar a	amount.		

Education Assistance Impact

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* indicates a required field
What will this funding mean for the Student/s? * Complete the course/program Undertake assessments Improve attendance Improve marks Fulfil prerequisite for further study Have similar resources to others in my program Reduce financial pressure on my family/household Act as a role model for others Other: At least 1 choice must be selected. Please include further information you feel may assist the Trust in assessing your grant application. For example, the difference this grant will make to the well-being of the beneficiary and their community as a whole.
You may upload letters of support from principals / teachers / community members etc. to support this application. Attach a file:
Sharing the Story
* indicates a required field
One of the Trust's strategic pillars is to Master Our Story. We aim to relentlessly share the unique stories of Beneficiaries that collectively define our Trust culture.
How can you share your story with us?
When you receive grant funding, how will you acknowledge the Trust's financial assistance? * ☐ Social media post, e.g. Facebook ☐ Letter to the Trust

☐ Tell others in your community
☐ Encourage others to apply for a grant
☐ Community newsletter

☐ Other:

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At least 1 choice must be selected. Select all that apply.
At the end of the year, how will you provide evidence of the benefits of our funding assistance? *
□ School report□ Images
☐ Short video footage☐ Certificate
□ Letter to the Trust□ Other:
At least 1 choice must be selected. Select all that apply.
Please note that by sharing images, etc. with the WYCBT you provide consent for us to upload these to our social media channels and/or for use in WYCBT documentation. Please ensure you have obtained permissions for others depicted.
Checklist and Confirmation
* indicates a required field
Checklist
Before submitting your application, please ensure that you have: * □ completed all questions
□ attached sufficient evidence of beneficiary status
□ attached copies of valid Tax invoices/quotes/receipts, clearly indicating the supplier's ABN and GST component
 □ upload evidence the device is required for the studies (if included in the application) □ provide proof of enrolment, such as a letter from the school or official enrolment advice At least 5 choices must be selected.
If you do not provide as much detail and evidence as possible, this may cause a delay in your application being assessed.

Confirmation by applicant

- I certify that to the best of my knowledge the statements made in this application are
- I understand that if the Trust approves funding, I will be required to accept the conditions of grant in accordance with the Trust's audit requirements.
- I consent to the information contained within this application being disclosed to or used by the Trust for the purpose of assessing, administering and monitoring my current and any future grant applications.
- I understand that if the Trust approves a grant, I will be bound by the contents of my application, and my application forms part of my contractual agreement with the Trust.

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l agree *	□ Yes			
Applicant Feedback				
You are nearing the end of the application process. Before you review your application and click the SUBMIT button, please take a few moments to provide some feedback.				
Please indicate how you found O Very Easy O Easy O Neutral O Difficult O Very difficult How many minutes in total did				
Estimate in minutes i.e. 1 hour = 60 n Please provide us with your su additions to the application pr	uggestions about any improve			
	,			
Did you require assistance to € ○ Yes ○ No	complete this application?			
If yes, what help did you need	, and who helped you?			