

# 2024 Education Tertiary Application 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](mailto: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 [Australian Privacy Principles \(APPs\)](#) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*.

## Applicant Details

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**Are you applying on behalf of a minor?\* \***

- Yes  
 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?**

- Parent  
 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

**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
<input type="text"/>	<input type="text"/>

**Student Address \***

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Address

  

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

**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 requirements that the studies require a device. \***

Attach a file:

1. In the following table, provide a detailed description of each item you seek funding for.
2. Include the cost of each item.
3. Attach a Tax Invoice / quote / receipt for each item.
4. Specify which student each item relates to.

Click 'Add more' to add additional rows to the table

Description	\$ Amount	Attach invoice / quote / receipt
	Must be a dollar amount.	
	\$	

**Total amount of financial assistance requested**

Amount is calculated from the above table.

**Is funding being received from other sources, including Government Assistance? \***

- Yes
- No

Other funding received including Government Assistance

Click 'Add more' to add additional rows to the table

Other funding received from	\$ Amount
	\$
	Must be a dollar amount.

### Education Assistance Impact

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## 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

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### 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 true.
- 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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I 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 the online application process:**

- Very Easy
- Easy
- Neutral
- Difficult
- Very difficult

**How many minutes in total did it take to complete this application?**

Estimate in minutes i.e. 1 hour = 60 minutes

**Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.**

**Did you require assistance to complete this application?**

- Yes
- No

**If yes, what help did you need, and who helped you?**