Form Preview

Eligibility

* indicates a required field

Before you begin

Before completing this application form, ensure you have read the program guidelines. Incomplete applications received after the closing date will not be considered.

If you have any questions about these eligibility criteria, please contact the funder.

Scholarship privacy disclosure statement

Bendigo & Adelaide Bank Limited ABN 11 068 049 178 AFSL 237879The Bendigo Centre, Bendigo VIC 3550 PH 1300 304 541

1. Collection of your personal information

We, Bendigo and Adelaide Bank Limited and Community Enterprise Foundation Limited, collect your personal information to assess your application for a scholarship/grant and administer any scholarship/grant provided to you. If you provide incomplete or incorrect information we may be unable to assess your application.

1.Use and disclosure of your personal information

We treat your personal information as confidential and only disclose it to others where necessary. Your personal information is provided to the relevant scholarship/grant selection committee to assess your application.

Scholarship/grant selection committees may include any of the following parties:

- Chairman, nominated Directors and staff of Bendigo and Adelaide Bank Limited and/or its subsidiary companies
- Directors and staff of local Community Bank companies offering the scholarship
- Local citizens with special expertise (e.g. school principals)
- Staff from universities, secondary colleges or any organisation/club/group partnering with Bendigo and Adelaide Bank Limited to offer scholarships.

Your personal information may also be disclosed to related Bendigo and Adelaide Bank Group entities, our joint venture partners and Community Bank companies. Confidentiality is maintained at all times. If you have provided a referee to support your application, we may contact that referee and disclose relevant personal information contained in your application. If you are awarded a scholarship some of your personal information may be published on the Bendigo and Adelaide Bank Limited website. This information will include your full name, hometown, university name and course title.

1.Access to and correction of your personal information

In most cases you can gain access to and correct your personal information. Please contact us if you have an enquiry about your information:

Community Enterprise Foundation, PO Box 480, Bendigo, Vic 3552 Phone: 1300 304 541 OR Email: foundation@bendigobank.com.au

OR

Form Preview

Bendigo Bank, PO Box 480, Bendigo Vic 3552Phone: 1300 236 344 OR Email: contactus@bendigobank.com.au

1.Privacy Policy

You should also read our Privacy Policy. It contains information about:

- How to correct your personal information
- How to complain about a breach of the privacy laws by us and how we deal with a complaint
- Our disclosure of personal information to overseas entities, and where practicable, which countries those recipients are located in.

You can obtain a copy of the Privacy Policy from:

Bendigo and Adelaide Bank Limited at www.bendigobank.com.au/public/privacy-policy/full-privacy-policy

Bendigo Bank, PO Box 480, Bendigo Vic 3552Phone: 1300 236 344 OR Email: contactus@bendigobank.com.au

Community Enterprise Foundation™ at https://www.communityenterprisefoundation.com.au/policies/

Community Enterprise Foundation, PO Box 48, Bendigo, Vic 3552 Phone: 1300 304 541 OR Email: foundation@bendigobank.com.au

Rural Bank at https://www.ruralbank.com.au/policies/

Rural Bank, PO Box 3660, Rundle Mall, SA 5000Email: service@ruralbank.com.au

Community Enterprise Charitable Fund ABN 12 102 649 968 (the Fund), The Bendigo Centre, Bendigo VIC 3550

Sandhurst Trustees Limited ABN 16 004 030 737, AFSL 237906, a subsidiary of Bendigo and Adelaide Bank Limited ABN 11 068 049 178, AFSL 237879, is the trustee of the Fund.

Rural Bank Limited ABN 74 083 938 416, AFSL 238042, Grenfell Street, Adelaide SA 5000

Privacy notice

Bendigo Bank will 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. Please view our privacy statement here.

Acceptance

Do you agree to the scholarship privacy disclosure statement? * Do you consent to the collection of your sensitive information? *

Contact details

* indicates a required field

Form Preview

Applicant information

Applicant *	Last Name				
First Name	Last Name				
Address * Address					
	+ a al!+ a!a + a		masified in t		
Is this address loca O Yes	tea within th	e area s	○ No	.ne program c	riteria:
Eligible address * Address					
(eg. family home, or sch	ool address - de	emonstrate	e your connect	ion to our commu	ınity)
Phone number *					
Must be an Australian pl	none number				
Must be all Australian pi	ione number.				
Email address *					
Must be an amail address					
Must be an email addres	.5.				
Gender * ○ Male ○ Female ○ Gender diverse ○ Prefer not to response	ond				
·					
Do you identify witl ☐ A carer for a famil ☐ Person from cultur ☐ Person with a disa ☐ A member of the I	y member (e.g ally and lingui bility	siblings stically d	s, parent, gua		
□ None of the above You can choose more th	!	iiiiuiiity			

Are you an Australian citizen or permanent resident? *

○ Yes		○ No		
Do you identify as A ○ Yes	boriginal and/or Tor	res Strait Islande	er? *	
Optional: please upl and Torres Strait Isl Attach a file:		on of identity - Vo	erification f	or Aboriginal
Age confirmation				
Month of birth *	Year of birth *	As *		8 years of age or older?
Secondary contac	ct			
* First Name	Last Name			
Phone number *				
Must be an Australian ph	one number.			
Email *				
Relationship to appl	licant *			
Parent/guardian				
* First Name	Last Name			
Phone number *				
Must be an Australian ph	one number.			
Email *				

Please note: Should this applica student's email address so ple to print and sign a component of	ease ensure it is a	actively monitored	greement will be sent to the I. As parent/guardian, you will need
Relationship to applicant	k		
What type of scholarship a O University O TAFE O Secondary School O Primary School O Other (only select if instructions applied)	ucted)		ttending TAFE or University
How did you hear about the Local Community Bank	•	? *	 Friend or family member
branch O Bendigo Bank website O Bendigo Bank branch	Careers adLocal adve		 Good Universities Guide Community Enterprise Foundation
○ School	 Social med 	ia	Other:
Name of program/course y	ou are/will be	undertaking.	*
Are you from a single income family? * ○ Yes ○ No		Do you (or your guard Card? * O Yes	dian) have a Health Care Card or a Concession O No
Please select your type of employment * Full time Part time Casual hours Not currently working		Are you the first pers pursue a higher educe Yes	on in your immediate or extended family to ation? * ○ No
Education and achiev	/ements		
* indicates a required field			
History/background			
Current or last educationa	l institution a	ttended *	

Educational institution location * Address	
Suburb/Town, State/Province, and Postcode	are required.
Highest level of education attained *	What year was this? *
	re not required to provide their rank. Select 'Other' nk score if you do not wish to complete.
Rank Type * O ATAR OP IB Other	Rank Score *
	Must be a number.
Have you studied at University before? * ○ Yes ○ No	Have you studied at TAFE before? * O Yes O No
About you	
Tell us about yourself. *	
Word count: Must be no more than 250 words.	
Describe your achievements at schoroles to support your application. *	ool, in your community and any leadership
Word count: Must be no more than 150 words.	
Leadership roles	
Example 1	
Word count: Must be no more than 15 words.	
Example 2	
Word count:	

Must be no more than 15 words.	
Example 3	
Example 3	
Word count:	
Must be no more than 15 words.	
Example 4	
Word count:	
Must be no more than 15 words.	
Tell us about your future study and career aspirations. *	
. di ab about your ratar e blady and career abprovisions.	
Word count: Must be no more than 300 words.	
Describe the challenges and level of financial disadvantage during your education and which may hinder your ability to	
study. *	
Word count: Must be no more than 250 words.	
Please share other challenges you have faced during your e	ducation.
Moved according	
Word count: Must be no more than 250 words.	
	ć i i ći
If we are to grant you this scholarship, how will your return Cummins and the surrounding Districts? *	of service benefit
Word count: Must be no more than 200 words.	
Must be no more than 200 words.	
Describe the gap in service within our community, which wi study? *	ll be bridged by your
y ·	
Word count:	
Must be no more than 200 words.	

Do you have a curre Bank? *	ent relationship with	Bendigo Bank? If so	, which Community
Word count: Must be no more than 50) words.		
the end of the first costing including st	year of your course, udy related expense rials/equipment, text	including an approx es - accommodation of	
Word count: Must be no more than 15	50 words.		
Referee details			
This person is not rela knows you.	ted to you; it could be	a teacher, a person in t	the community who
Please ensure you have if your application pro		e of your application, as	they may be contacted
Referee * First Name	Last Name		
Phone number *			
Must be an Australian ph	none number.		
Email *			
Relationship to app	licant *		
	1.4.9		
Future educatio			
* indicates a required	neld		
Course provider/edu	ucational institution	*	

Form Preview

Name of primary/se	condary school/othe	r education provider *	
School/campus locate Address	tion *		
radiess			
Suburb/Town, State/Prov	ince, and Postcode are re	equired.	
What type of course	are you undertakin	g? *	
Field of stoods *			
Field of study *			
Name of course *			
If you are in primary or se	econdary school, please	write the year you are going	into.
Second subject field	of study (double de	egree) *	
Name of course (do	uble dearee) *		
rame or course (ao	abic degice,		
Planned course duration *		Years / months / weeks *	
Must be a number.			
Study schedule * O Full time	O Part time		
Month your course begins *		Year your course begins *	

Will you have to relocate or move out of home to undertake your studies? *

Form Preview

Will you be studying	on/off campus *

Financials and supporting documents

* indicates a required field

Course costs

What expenses will you incur for your study or training over the next 12-months and approximately how much will each cost?

E.g. Accommodation costs, course costs (excluding HELP), study-related materials/ equipment, textbooks, tutoring and/or education related travel (within Australia).

Click the 'Add more' button to add rows.

Category	Cost (\$)
	Must be a dollar amount.
	\$

Income

What do you estimate your income will be over the next 12 months?

Source of Income	Amount (\$)
e.g. part time job, Services Australia allowances,	Must be a dollar amount.
student payments.	
	\$

Have you applied for or received any other funding (including other scholarships) towards your education or training? *

○ Yes ○ No

Applied for/confirmed funding	Value (\$)
other grants / bursaries / gifts / scholarships	Must be a dollar amount.
	\$

Mandatory supporting documentation

Please note, you can save your application and return to upload the following required documents at a later date.

Community Bank Cummins applicants are not required to provide proof of rank/score.

Form Preview

Attach a file:
Proof of score (your most recent academic score to support your application) Attach a file:
Optional supporting documentation
The following support documents are optional: • Referee letter • Images (e.g. to show your community involvement, aspirations, passions etc.) • Other supporting documents
Attach a file:
More than one file can be uploaded.
Supporting documentation
Please feel free to upload any of the following documents to support your application: • Referee letter • Images • Other supporting documents
Attach a file:
More than one file can be uploaded.
Certification

Certification

* indicates a required field

This section must be completed by an appropriately authorised person; this needs to be the parent/guardian listed in this application if the applicant is aged under 18.

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if this scholarship is approved, we will be required to accept the terms and conditions in the scholarship agreement.

Certification * ○ I agree