



## **Brave Foundation Scholarship applications – 2018/19**

**The Brave Foundation will consider all applications received.**

Applicants are required to:

- Meet the eligibility criteria
- Complete and submit this application form
- Provide a letter of introduction to the Brave Foundation
- Provide a copy of a quotation to support the application

### **Application Submission**

Please submit your expressions of interest application with supporting documents at any time from November 2018.

Applications can be submitted via:

Email: [SEPTProject@bravefoundation.org.au](mailto:SEPTProject@bravefoundation.org.au) or mail: PO Box 118 Blackmans Bay, TAS 7052.

**The maximum scholarship application is \$1500.**

The scholarship funding is intended to support E&PT's in their academic pursuits and workforce readiness and participation overtime, and can be used by the E&PT to contribute towards items such as:

- school fees
- extra tuition costs, e.g.: parenting courses or work readiness training
- transport to education/ workplace provider
- driving lessons
- child care fees
- textbooks and relevant course materials, including online
- computers and computing peripherals including software programs and printing equipment

### **Eligibility Criteria**

To be successful in their application for support from the Brave Foundation, E&PTs must:

- be an expecting or parenting teen
- be nominated by a Brave SEPT Mentor or an authorised person
- be able to demonstrate additional socioeconomic disadvantage such as financial hardship or family challenges
- live in Australia

The eligibility criteria for these scholarships are aimed at selecting E&PT's who are most in need of support. The Brave Pathway Scholarship will remove barriers E&PT's face so that they are better prepared to return to education or search for employment.

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## 1. Personal Details

### Applicant Details

Given name(s):

Family name:

Gender:

Date of birth:

Country of birth:

Mobile phone:

Email:

Address:

State:

Postcode:

Are you an Australian citizen?

**If submitted by an authorised representative or SEPT Mentor:** (e.g. teacher, social worker, mentor)

Name of Authorised Representative:

Position:

Phone:

Email address:



### 3. Scholarship Application

a) How would the scholarship funds help you and your family? Please outline how you plan to use the scholarship funds.

b) Specify your family's current level and sources of any income (e.g. work, government benefits).

d) What do you hope to achieve in the future from receiving a Brave Scholarship?



**4. Support of Application (authorised representative or SEPT Mentor: (e.g. teacher, social worker, mentor)**

Name of Authorised Representative:

Reason for supporting application:

Further Comments:

**5. Scholarships funds will be used for:**

Further Comments:

**6. Amount being requested:**

Further Comments:



**7. Terms and Conditions**

- The Brave Foundation reserves the right to seek additional verification of applicants' submission.
- Where an Applicant either intends to change the circumstances of their scholarship funding, as listed above, they must inform the Brave Foundation in writing at the earliest possible opportunity.
- The Brave Foundation will then determine on a case-by-case basis whether the scholarship will be cancelled and whether the recipient is required to return their scholarship funding, either in part or in full.
- If successful, the applicant agrees to a periodic assessment of their scholarship funding as covered by the scholarship. This is to ensure that the recipient remains eligible for the scholarship throughout the period.

**8. Applicant or Authorised Representative Declaration**

I declare that the information submitted in this application for support from the Brave Foundation is true and correct.

I authorise the Brave Foundation to make appropriate enquiries regarding my submission, such as reference-checking and validation of the submission.

I acknowledge that the submission of any incorrect or misleading information to the Brave Foundation may result in the termination of any scholarship and in that circumstance, I will be required to repay any scholarship funds.

I understand that the decision of Brave Foundation regarding the scholarship is final and that the scholarship is subject to the Terms and Conditions.

If I receive the scholarship, I give consent for Brave Foundation to disclose agreed-to personal information, not including contact details, for publicity purposes.

Applicant's Name:

Applicant's Signature:

Date:

**For SEPT Chief Mentor Use Only**

Date Received: \_\_\_\_\_ Approved: \_\_\_\_\_