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

Daylesford Scholarship Application Form

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? * | lagree | loonsent

Contact details

* indicates a required field

Applicant information

Applicant *	Last Name				
First Name	Last Name				
Address * Address					
Address					
Is this address locat ○ Yes	ed within th	ne area s	pecified i	n the prog	jram criteria?
Eligible address * Address					
(eg. family home, or scho	ool address - de	emonstrate	e your conn	ection to our	community)
Phone number *					
Must be an Australian ph	ana numbar				
Must be an Australian ph	one number.				
Email address *					
Must be an email addres					
Please don't use your	school email	address.			
Gender * O Male O Female O Gender diverse O Prefer not to respo	nd				
Do you identify with ☐ A carer for a family ☐ Person from cultur ☐ Person with a disal ☐ A member of the L ☐ None of the above You can choose more that	r member (e.gally and lingu oility GBTQIA+ con	g. siblings istically d	s, parent, g		

Do you identify as Aboriginal and/or Torres Strait Islander? * ○ Yes ○ No Optional: please upload your confirmation of identity - Verification for Aboriginal and Torres Strait Islander people form Attach a file: Age confirmation Menth of birth * Year of birth * As of today, are you 18 years of age or older? Secondary contact * First Name	Yes	in citizen or perman	ent resident? ○ No	•	
Age confirmation Month of birth * Year of bir		boriginal and/or Tor		nder? *	
Month of birth Year of birth As of today, are you 18 years of age or older? Yes No No Phone number *	and Torres Strait Isl		on of identity	- Verificat	ion for Aboriginal
Month of birth Year of birth As of today, are you 18 years of age or older? Yes No No Phone number *					
Secondary contact * First Name	Age confirmation				
Secondary contact * First Name	Month of birth *	Year of birth *		As of today, ar	e you 18 years of age or older?
First Name Last Name Phone number * Must be an Australian phone number. Email * Relationship to applicant * Parent/guardian * First Name Last Name Phone number *				*	
Phone number * Must be an Australian phone number. Email * Relationship to applicant * Parent/guardian * First Name Last Name Phone number *	Secondary contac	ct			
Phone number * Must be an Australian phone number. Email * Relationship to applicant * Parent/guardian * First Name	*				
Must be an Australian phone number. Email * Relationship to applicant * Parent/guardian * First Name	First Name	Last Name			
Must be an Australian phone number. Email * Relationship to applicant * Parent/guardian * First Name					
Relationship to applicant * Parent/guardian * First Name	Phone number *				
Relationship to applicant * Parent/guardian * First Name	Must he an Australian nh	one number			
Relationship to applicant * Parent/guardian * First Name Last Name Phone number *	·	one number.			
Parent/guardian * First Name	Email *				
Parent/guardian * First Name					
* First Name Last Name Phone number *	Relationship to appl	icant *			
* First Name Last Name Phone number *					
Phone number *	Parent/guardian				
Phone number *					
	First Name	Last Name			
	Phone number *				
Must be an Australian 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 University TAFE Secondary School Primary School Other (only select if instruction) 		ng for? *	
How did you hear about th		? *	
Local Community Bank branch	University		 Friend or family member
Bendigo Bank websiteBendigo Bank branch	Careers adLocal adve		Good Universities GuideCommunity EnterpriseFoundation
○ School	Social med	ia	Other:
Name of program/course y	ou are/will be	undertaking.	*
Are you from a single income family? * O Yes O No		Do you (or your guard Card? *	dian) have a Health Care Card or a Concession
		0 .65	O
Please select your type of employment * O Full time		pursue a higher educ	
Part time Casual hours Not currently working		○ Yes	○ No
Education and achiev	vements		
* indicates a required field			
History/background			
Current or last educationa	l institution a	ttended *	

*
code are required.
What year was this? *
core yet, you can save your application and complete at
select 'Other' and put '0' as your rank score.
O Other: Must be a number.
Have you studied at TAFE before? * O Yes O No
school, in your community and any leadership on. *

Word count: Must be no more than 1	15 words.		
Example 3			
Word count: Must be no more than 1	15 words.		
Example 4			
Word count: Must be no more than 1	15 words.		
Tell us about your	future study and car	eer aspirations. *	
Word count: Must be no more than 3	300 words.		
	enges and level of fin tion and which may h		
Word count: Must be no more than 2	250 words.		
Please share other	challenges you have	faced during your e	ducation.
Word count: Must be no more than 2	250 words.		
	d able to participate i	n our Community Ba	nk publicity if you are
successful? * O Yes		○ No	
Referee details			
This person is not rel knows you.	ated to you; it could be	a teacher, a person in t	the community who
Please ensure you ha if your application pro		e of your application, as	they may be contacted
Referee * First Name	Last Name		

Phone number *	
Must be an Australian phone number.	
Email *	
Relationship to applicant *	
Future education details	
* indicates a required field	
Course provider/educational inst	itution *
Name of primary/secondary scho	ol/other education provider *
Name of primary/secondary scho	bolyother education provider
School/campus location *	
Address	
Suburb/Town, State/Province, and Postco	ode are required
What type of course are you und	ertaking? *
Field of study *	
rieid of Study	
Name of course *	
If you are in primary or secondary schoo	l, please write the year you are going into.

Second subject field	l of study ((double de	gree) *	
Name of course (do	uble degre	e) *		
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 rele	osato or m	ove out of	· homo to undortako	your studios? *
will you have to rele	cate or in	ove out or	home to undertake y	our studies?
Will you be studying	g on/off cai	mpus *		

Financials and supporting documents

* indicates a required field

Course costs

What expenses will you incur for your study 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, student payments.	Must be a dollar amount.
	\$
Have you applied for or received any oth towards your education? * ○ Yes	ner funding (including other scholarships)
Applied for/confirmed funding	Value (\$)
other grants / bursaries / gifts / scholarships	Must be a dollar amount.
	\$
Mandatory supporting documentat	ion
Please note, you can save your application ar documents at a later date.	nd return to upload the following required
Letter of offer (from the institution you a Attach a file:	are applying to) *
Proof of score (your most recent academ Attach a file:	nic score to support your application) *
Optional supporting documentation	١
The following support documents are optiona Referee letter Images (e.g. to show your community inv 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

* 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