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

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 * First Name	Last Name	
Address * Address		
Is this address locat ○ Yes	ed within the area	a specified in the program criteria? No
Eligible address * Address		
(eg. family home, or scho	ol address - demonstra	ate your connection to our community)
Phone number *		
Must be an Australian ph	one number.	
Email address *		
Must be an email address	· .	
Gender * ○ Male ○ Female ○ Gender diverse ○ Prefer not to respon	nd	
Do you identify with A carer for a family Person from cultura Person with a disab A member of the Lo None of the above	member (e.g. sibling ally and linguistically bility GBTQIA+ community	gs, parent, guardian) diverse background

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Are you an Australian citizen or permanent resident? *

○ Yes			○ No			
Do you identify as A ○ Yes	borigin	al and/or Tor	res Stra	ait Islaı	nder? *	
Optional: please upl and Torres Strait Isl Attach a file:			on of id	entity	- Verificat	ion for Aboriginal
Age confirmation						
Month of birth *		Year of birth *			As of today, as * O Yes	re you 18 years of age or older?
Secondary contac	ct					
* First Name	Last Na	me				
Phone number *						
Must be an Australian ph	one numb	per.				
Email *						
Relationship to appl	licant *					
Parent/guardian						
* First Name	Last Na	me				
Phone number *						
Must be an Australian ph	one numb	per.				
Email *						

Relationship to applicant *	«		
What type of scholarship a University TAFE Secondary School Primary School Other (only select if instru		ng for? *	
How did you hear about th O Local Community Bank branch		? *	Friend or family member
Bendigo Bank websiteBendigo Bank branch	Careers advLocal adver		Good Universities GuideCommunity EnterpriseFoundation
○ School	Social medi	a	Other:
Name of program/course y	ou are/will be	undertaking.	*
Are you from a single income family? * O Yes No		Do you (or your guard Card? * ○ Yes	ian) have a Health Care Card or a Concession
Please select your type of employment * Full time Part time Casual hours Not currently working		Are you the first person of the second of th	on in your immediate or extended family to otion? * O No
Education and achiev	vements		
* indicates a required field			
History/background			
Current or last educationa	l institution at	tended *	
Educational institution loc Address	ation *		

Suburb/Town, State/Pr	rovince, and	Postcode are	required.	
Highest level of education at	tained *		What year was this? *	
Rank Type * O ATAR O OP	○ IB	Other:	Rank Score *	
			Must be a number	
Have you studied at Universit Yes	ty before? * ○ No		Have you studied at TAF ○ Yes	E before? * O No
About you				
Tell us about you	rself. *			
Word count: Must be no more than	250 words.			
			in your communi	ty and any leadersh
roles to support y	our applic	ation. *		
Word count:				
Must be no more than	150 words.			
Leadership role	!S			
Example 1				
Word count: Must be no more than	15 words.			
Example 2				
Word count: Must be no more than	15 words			
Example 3	TO WOIUS.			
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. *	
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.
Word count: Must be no more than 250 words.	
Referee details	
This person is not related to you; it could be a teacher, a person in t knows you.	the community who
Please ensure you have advised your referee of your application, as if your application progresses.	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	titution *
Name of primary/secondary scho	ool/other education provider *
Name of primary/secondary scho	on/other education provider
School/campus location * Address	
Suburb/Town, State/Province, and Postco	ode are required
What type of course are you und	iertaking:
Field of study *	
Name of course *	
If you are in primary or secondary schoo	I, please write the year you are going into.
Second subject field of study (do	ouble degree) *
Name of course (double degree)	*
Planned course duration *	Years / months / weeks *

Must be a number.			
Study schodulo *			
Study schedule * O Full time	O Part time		
Month your course begins *		Year your course begins *	
Will you have to rele	ocate or move out of	home to undertake y	your studies? *
Will you be studying	on/off campus *		
Financials and s	upporting docum	ents	
* indicates a required	field		
Course costs			
What expenses will vo	u incur for your study o	ver the next 12-months	s and annroximately
how much will each co		ver the next 12 months	s and approximately
	osts, course costs (excl		
• •	, tutoring and/or educati	ion related travel (with	in Australia).
Click the 'Add more' be	utton to add rows.		
Category		Cost (\$)	
		Must be a dollar amount \$	1
		ļΨ	
Income			
What do you estimate	your income will be ove	er the next 12 months?	
Source of Income		Amount (#)	
e.g. part time job, Service	es Australia allowances,	Amount (\$) Must be a dollar amount	
student payments.		 \$	
		Ψ	
Have you applied fo towards your educa	r or received any oth tion?	er funding (including	g other scholarships)
○ Yes		\cap No	

Applied for/confirmed funding 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 files at a later date.

Attach a file:	are applying to) *			
Proof of score (your most recent acaden	ic 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

A	ttac	ch a t	file:					
M	ore	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 *

 \bigcirc I agree