Wandin-Seville Scholarship Application Form

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

Wandin-Seville 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 * First Name | Last Name | | |
|--|---|-------------------------------------|-------------------------|
| | | | |
| Address * Address | | | |
| | | | |
| Is this address locat Yes | ed within the a | rea specified in | n the program criteria? |
| Eligible address * Address | | | |
| | | | |
| (eg. family home, or scho | ool address - demon | strate your conne | ction to our community) |
| Phone number * | | | |
| | | | |
| Must be an Australian ph | one number. | | |
| Email address * | | | |
| Must be an email addres | S. | | |
| Gender * Male Female Gender diverse 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 | v member (e.g. sik ally and linguistica pility GBTQIA+ commu | olings, parent, grally diverse back | |

Page 3 of 12

Are you an Australian citizen or permanent resident? *

| ○ Yes | | ○ No | | | |
|---|----------------------|--------------------------|----------|----------------------|---------------------------|
| Do you identify as A ○ Yes | boriginal and/or Tor | r es Stra ○ No | it Islan | der? * | |
| Optional: please upl and Torres Strait Isl Attach a file: | | on of ide | entity - | Verification | for Aboriginal |
| Age confirmation | | | | | |
| Month of birth * | Year of birth * | | | As of today, are you | 18 years of age or older? |
| | | | | ○ Yes | ○ No |
| Secondary contac | ct . | | | | |
| | | | | | |
| * First Name | Last Name | | | | |
| This Nume | Last Name | | | | |
| Phone number * | | | | | |
| Must be an Australian ph | one number. | | | | |
| Email * | | | | | |
| | | | | | |
| Relationship to appl | icant * | | | | |
| Parent/guardian | | | | | |
| * First Name | Last Name | | | | |
| i iist ivaille | Last Name | | | | |
| Phone number * | | | | | |
| i none number | | | | | |
| Must be an Australian pho | one number. | | | | |

Email *

| Please note: Should this application student's email address so please to print and sign a component of | ease ensure it is a | actively monitored | greement will be sent to the d. As parent/guardian, you will need |
|---|---|---|---|
| Relationship to applicant ³ | * | | |
| | | | |
| What type of scholarship a O University O TAFE O Secondary School O Primary School O Other (only select if instru | | ng for? * | |
| How did you hear about the Local Community Bank | nis scholarship | ? * | Friend or family member |
| branchBendigo 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? * ○ Yes ○ No | | Do you (or your guard Card? * O Yes | dian) 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 pers pursue a higher educ Yes | son in your immediate or extended family to cation? * O No |
| Education and achiev | vements | | |
| * indicates a required field | | | |
| History/background | | | |
| Current or last educationa | ll institution a | ttended * | |

Educational institution location *

| Address | |
|--|--|
| | |
| Colored Transa Chala (Day in a said Day | too da anno manaland |
| Suburb/Town, State/Province, and Pos | tcode are required. |
| Highest level of education attained * | What year was this? * |
| | |
| If you have not received your sa later date. | score yet, you can save your application and complete at |
| If you have never received a rank, | select 'Other' and put '0' as your rank score. |
| Rank Type * O ATAR O OP O IB | Rank Score * Other: |
| | Must be a number. |
| Have you studied at University before? * ○ Yes | Have you studied at TAFE before? * ○ Yes ○ No |
| About you | |
| Tell us about yourself. * | |
| | |
| Word count: Must be no more than 250 words. | |
| Describe your achievements a roles to support your applicati | t school, in your community and any leadership on. * |
| | |
| Word count: Must be no more than 150 words. | |
| How do you contribute to the | community in which you live? * |
| | |
| Leadership roles | |
| Example 1 | |
| Word count | |
| Word count: | |

| Mus | st be no more than 15 words. | |
|-------|---|-----------------|
| Exa | ample 2 | |
| | | |
| _ | rd count: st be no more than 15 words. | |
| Mus | be no more than 15 words. | |
| Exa | ample 3 | |
| | | |
| _ | rd count: st be no more than 15 words. | |
| Exa | ample 4 | |
| | | |
| _ | rd count: st be no more than 15 words. | |
| Mus | be no more than 15 words. | |
| | | |
| Tel | I us about your future study and career aspirations. * | |
| | | |
| Woi | rd count: | |
| Mus | st be no more than 300 words. | |
| Des | scribe the challenges and level of financial disadvantage | that you have f |
| | ring your education and which may hinder your ability to | undertake furt |
| Stu | uy. | |
| | | |
| | rd count: | |
| Mus | st be no more than 250 words. | |
| Ple | ase share other challenges you have faced during your e | ducation. |
| | | |
| | | |
| _ | rd count: | |
| IVIUS | st be no more than 250 words. | |
| | ase outline what impact receiving this scholarship would dertaking your course in 2025? * | have on you |
| 3110 | | |
| | | |
| | rd count: | |
| Mus | st be no more than 200 words. | |

| Do you have any specinto consideration who communicating with y | nen assessing your | | |
|---|--------------------------|--------------------------|------------------------|
| | | | |
| Word count: Must be no more than 200 | words. | | |
| Are you willing and all publicity if you are su | | - | <i>l</i> andin-Seville |
| ○ Yes | | ○ No | |
| Referee details | | | |
| This person is not relate knows you. | ed to you; it could be a | a teacher, a person in t | he community who |
| Please ensure you have if your application progr | | of your application, as | they may be contacted |
| Referee * First Name | _ast Name | | |
| | | | |
| Phone number * | | | |
| Must be an Australian phor | ne number. | | |
| Email * | | | |
| | | | |
| Relationship to applic | cant * | | |
| | | | |
| Future education | details | | |
| * indicates a required fie | eld | | |
| | | | |
| Course provider/educ | ational institution | * | |
| Name of primary/seco | ondary school/othe | r education provider | * |

| School/campus loc Address | ation * | | | |
|------------------------------|-----------------------------|----------------|----------------------------|--------------|
| Address | | | | |
| | | | | |
| Suburb/Town, State/Pro | ovince, and Pos | stcode are re | quired. | |
| What type of cours | se are you ເ | ındertaking | y? * | |
| | | | | |
| | | | | |
| Field of study * | | | | |
| | | | | |
| Name of course * | | | | |
| | | | | |
| If you are in primary or | secondary sch | nool, please w | rite the year you are goin | g into. |
| | | | | |
| Second subject fiel | ld of study | (double de | gree) * | |
| | | | | |
| Name of course (de | ouble degre | ee) * | | |
| · | J | - | | |
| | | | | |
| Planned course duration * | | | Years / months / weeks * | |
| Must be a number. | | | | |
| Study schedule * | | | | |
| ○ Full time | Part time | | | |
| | | | | |
| Month your course begins * | | | Year your course begins * | |
| | | | | |
| Will you have to re | locate or m | ove out of | home to undertake y | our studies? |
| yeariave to re | | | is an acreance y | -a. J |

| Will you be studying on/off campus * | |
|---|--|
| | |
| er i i i i i i i i i i i i i i i i i i i | |
| Financials and supporting docum | nents |
| * indicates a required field | |
| Course costs | |
| What expenses will you incur for your study of how much will each cost? | over the next 12-months and approximately |
| E.g. Accommodation costs, course costs (exclequipment, textbooks, tutoring and/or educate | |
| Click the 'Add more' button to add rows. | |
| Category | Cost (\$) |
| | Must be a dollar amount. |
| Income What do you estimate your income will be ov | er 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? * O Yes | ner funding (including other scholarships) |
| Applied for/confirmed funding | Value (\$) |
| other grants / bursaries / gifts / scholarships | Must be a dollar amount. \$ |
| Mandatory supporting documentat | |

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

Letter of offer (from the institution you are applying to) * Attach a file:

| Proof of score (your most recent academic score to support your application) * Attach a file: |
|---|
| Actually a me. |
| 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 |
| * 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 accept the terms and conditions in the scholarship agreement. |

Certification *

○ I agree