

Kentish Council Youth Scholarship 2024

Kentish Council offers a \$1,800 scholarship to a university student or a student attending an approved educational institution in 2024. This scholarship is to help to defray expenses for students required to live away from home whilst undertaking their studies.

The criteria upon which the successful applicant will be assessed are:

Scholastic achievements
 Course to be undertaken
 Any other special circumstances

Eligibility & Guidelines

To be considered for the scholarship, the following criteria must be met:

Essential Criteria

The Student must:

- 1. Be enrolled or accepted for enrolment for full-time study at either University, TAFE, or another approved education facility in 2024;
- 2. Have resided in the Kentish Municipality for at least the last two years;
- 3. Be under the age of 25 as of 1 January 2024; and
- 4. Intend or live away from home due to their studies.

Scholarship usage

The scholarship can be used for living away from home expenses, book fees and levies, or any other relevant cost to attending further studies.

General

- 1. The student will be expected to sign an undertaking that the scholarship will be used solely for the purpose of education.
- 2. Applications close at 4:30 pm on 4th December 2024.
- 3. Applications must be either posted to:

General Manager

Kentish Council

PO Box 63

SHEFFIELD TAS 7306

OR emailed to council@kentish.tas.gov.au

- 4. The successful applicant will be required to complete a report to Council after the completion of a) the first year of an undergraduate degree; OR
 - b) completion of a certificate or diploma.

Application Form

| STUDENT'S NAME: | | | | | |
|---|---|--------------------|---|---|--|
| DATE OF BIRTH: ADDRESS: | | | | | |
| CONTACT NO: | | | | _ | |
| EMAIL: | | | | | |
| NAME OF UNIVERSIT | Y/APPROVED E | EDUCA [.] | TION FACILITY ATTENDING IN 2023 | | |
| | | | | | |
| COURSE DETAILS | | | | | |
| RESIDENTIAL ADDR WHILE STUDYING | ESS | | | | |
| _ | _ | _ | NO MORE THAN 200 WORDS DETAILING F THE KENTISH COUNCIL SCHOLARSHIP | | |
| PLEASE PROVIDE | THE NAMES AN | ID CON | ITACT DETAILS OF THE TWO REFEREES | | |
| NAME | | | NAME | | |
| ADDRESS | | | ADDRESS | | |
| CONTACT NUMBER | | | CONTACT NUMBER | | |
| | _ | | | | |
| DECLARATION | | | | | |
| l, | declare that | the info | ormation provided is true and accurate. | | |
| Signature of student | | | | | |
| IF UNDER 18 YEARS I as parent/legal guardi of 18, consent to this a | ian of | | LEGAL GUARDIAN'S NAME: (the student) who is under the age | | |
| Signature of parent/legal guardian: | | | | | |
| Contact number: | | | | | |
| Email: | | | | | |
| APPLICATION CHEC | KLIST | | | | |
| ☐ Read and understand the eligibility and guidelines | | | | | |
| ☐ Completed pers | sonal details sect | tion | | | |
| ☐ Provided writte | ☐ Provided written confirmation of approved attendance* | | | | |

^{*} Some schools will not provide this until February 2024. If successful, the scholarship will be paid upon confirmation of attendance.