

APPLICATION FORM- KEN HORSHAM SCHOLARSHIP

The Ken Horsham Scholarship is an initiative to assist CHC tenants achieving study goals. The late Ken Horsham was a founding director of CHC and served in various roles from 1998 onwards, including Chair of the Board of Directors. Ken had a strong interest in progressing his community and a passion for social justice.

This scholarship pool is $5000 and you may apply for a value up to but not exceeding $1000 to assist in the completion of study.

To be considered for this scholarship, you must:

* are a current CHC tenant or an Affordable HomeGround tenant
* have been CHC tenant/ Affordable HomeGround tenant for at least three (3) months prior to submitting your application
* are over 16 years of age at the time of submitting your application, and
* can provide proof that you are currently enrolled in study in a part or full-time capacity.

***Please note:*** *CHC assesses applications on merit and personal requirements. An application does not guarantee the offer of a scholarship. Additionally, if you have received a scholarship from CHC previously we do encourage you to apply again.*

To complete an application for the Ken Horsham Scholarship, please answer ***all*** questions and submit your application to [events@chcaustralia.com.au](mailto:events@chcaustralia.com.au) or refer to below for alternative submission details.

**Section A: DETAILS OF APPLICANT**

Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Given Names: \_\_\_\_\_\_\_\_

Address: \_\_

Suburb: \_\_

Postcode:

Email Address: \_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth ­\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Gender: Female Male Other

Have you previously completed a TAFE or University course? Yes No

Year completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please specify course and institution:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section B:**

**1. Details of your tenancy with CHC.**

I am the main tenant I am not the main tenant

If you are not the main tenant, please provide details of the main tenant in your household below. This may be a parent, partner, family member, guardian or other.

Surname of main tenant:

Given name:

Address:

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Details of your enrolment**

What course / year of schooling are you enrolled/enrolling in?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the institution where you are enrolled/enrolling:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of course (months or years):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you enrolled in full time or part time study? Full time Part time

If part time, please specify nature of part-time study:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What year/level of your course are you currently enrolled in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note that you will be required to provide proof of enrolment for this application to be considered.

**3. Barriers to education**

Do you have any barriers to successfully completing your study? Please tick the box/es that apply to you.

*Aboriginality*

I am Aboriginal and or Torres Strait Islander person

*Family Barriers*

I am a young parent

I am a carer for a family member

I am from a single parent family

One or both of my parents are unemployed

I have a long term medical condition

I have a disability

English is my second language

I face other barriers (please specify)

**Section C: HOW WILL THIS SCHOLARSHIP ASSIST YOUR STUDIES?**

**1. What scholarship value are you requesting?** *(Please note the value but not exceed $1000)*

**2. Please provide information** about why you want to undertake your course and details of how the scholarship would assist you to overcome barriers to completing your study this year. This would include information about your chosen study and career path.

**3. Proposed use of scholarship**

Please outline how you will use the funds if your application is successful?

* Transport costs
* Course fees
* Course equipment/tools
* Computer software
* Textbooks
* Childcare
* Tutoring
* Other (please specify)

Do you currently receive any other scholarship or bursary? Yes No

Please provide details:

Do you currently receive any other form of financial support for your study? Please provide details:

**Section D: SCHOLARSHIP DECLARATION**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert full name) certify that the personal information provided in this application form is correct.

I am over the age of 16 years.

I understand that the Ken Horsham Scholarship fund will provide funding of up to $1000 for study in 2022. I understand this scholarship is for a period of one year only. I acknowledge that there is no guarantee of ongoing funding.

I have read and understood the terms set out in the Ken Horsham Scholarship Fact Sheet.

If successful, I am willing and able to attend a presentation ceremony at Gungaderra Homestead on Monday 14th February 2022 at 1.30 pm, unless circumstances beyond my control prevent me.

Permission to Use Personal Information

I give permission for CHC to use my name and photo and details of my study in its Tenant Newsletter, website, and social media and in the Annual Report to promote my achievements.

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit your completed application as follows:

By email to: events@chcaustralia.com.au

By post to: CHC Scholarships

P.O. Box 6239  
 O’CONNOR ACT 2602

In person to the CHC office located at 224/29 Braybrooke Street, Bruce

If you have any queries or questions please contact Mataina who can assist you 6248 7716.