



INABURRA SCHOOL

INDIGENOUS SCHOLARSHIP APPLICATION FORM 2025

The Indigenous Scholarship is awarded to students who are of Aboriginal or Torres Strait Islander background and, are seeking placement into Year 7, Year 9 or Year 11 in 2025.

Please affix
passport size photo

APPLICANT DETAILS

| | | | |
|---------------------------------------------|---------------------------------|---------------------------------|----------------------------------|
| Full Name | | | |
| Date of Birth | | | |
| Gender | | | |
| School year applying for in 2024 | Year 7 <input type="checkbox"/> | Year 9 <input type="checkbox"/> | Year 11 <input type="checkbox"/> |
| Parent/Caregivers Name | | | |
| Address | | | Postcode |
| Contact Number | | | |
| Email | | | |
| Do you identify as Indigenous (please tick) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

GUARDIANSHIP

| | | | |
|----------------------------------------------------------|------------------------------|-----------------------------|-----------------------|
| Name of person(s) with legal guardianship of the student | | | |
| Applicant lives with | Mother | Father | Both Other |
| Are there any Parenting or Restraint Orders applicable? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, please attach |
| Any other conditions enforced at law? | | | |

SCHOOL INFORMATION

| | | | |
|------------------|--|--------------|--|
| Current School | | Current Year | |
| Principal's Name | | Phone | |

STUDENT MEDICAL NEEDS

| (Please tick the appropriate box) | Yes | No | If yes, please provide relevant information |
|------------------------------------------------------------------|--------------------------|--------------------------|---------------------------------------------|
| Medication | <input type="checkbox"/> | <input type="checkbox"/> | |
| Physical support required | <input type="checkbox"/> | <input type="checkbox"/> | |
| Learning difficulty | <input type="checkbox"/> | <input type="checkbox"/> | |
| ADHD | <input type="checkbox"/> | <input type="checkbox"/> | |
| Medical condition | <input type="checkbox"/> | <input type="checkbox"/> | |
| Perceptual difficulty | <input type="checkbox"/> | <input type="checkbox"/> | |
| Orthoses/Prostheses | <input type="checkbox"/> | <input type="checkbox"/> | |
| Psychological/cognitive condition | <input type="checkbox"/> | <input type="checkbox"/> | |
| Sensory issue (e.g. Vision/Hearing) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Behavioural or safety concerns | <input type="checkbox"/> | <input type="checkbox"/> | |
| Communication issues | <input type="checkbox"/> | <input type="checkbox"/> | |
| Allergies | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has the applicant required previous additional academic support? | <input type="checkbox"/> | <input type="checkbox"/> | |

GENERAL

| | The following documents are required to be provided as part of this application | Supporting documents attached |
|----|---------------------------------------------------------------------------------|-------------------------------|
| 1. | Proof of Aboriginal or Torres Strait Islander status | |
| 2. | Copy of Birth Certificate | |
| 3. | Two most recent school reports | |

STATEMENT BY THE APPLICANT

Please outline why you would like to study at Inaburra and the commitment that requires of you.
(one page limit)

DECLARATION

I understand that if I am selected as one of the recipients of an Indigenous Scholarship at Inaburra School, the scholarship is conditional on my ongoing effort to:

- be a positive role model and fully support the ethos and values of the School.

I declare that to the best of my knowledge and belief, the information I have supplied in this application is correct and complete. I understand that if I provide incorrect or incomplete information this may result in the cancellation of any offer made by Inaburra School. I understand that if Inaburra School becomes aware of or has reason to believe I have provided false or misleading information in my application, my eligibility will be reassessed. I recognise it is my responsibility to provide all necessary documentation.

We, the undersigned, agree that the information provided in this application is not false or misleading and is a true representation as at the date below.

Candidate's Signature

Date

Parent / Caregiver's Signature

Date