Form Preview

Overview

Overview:

The Variety SA Scholarship Program supports children with an **existing talent**, who are disadvantaged or living with a disability, to achieve their full potential and to follow their dreams.

Applications can only be accepted for children up to the age of 18 and who are SA residents. Scholarships are awarded to support children in the areas of the arts and sport. Scholarships are awarded on a yearly basis and must be spent within 12 months. Scholarships will be limited to \$5,000 per year, per application. Depending on the level of progress, scholarships may be renewed with a new application and supporting documentation submitted each year.

Some examples of scholarship applications are:

The Arts: Singing or dance lessons, art tuition, art materials and supplies, exhibition or competition entry fees, costumes.

Sport: equipment, clothing, shoes, entry, membership or registration fees, coaching fees, travel to competitions or training.

Process:

The acceptance period for Scholarship applications is advertised and applications are accepted all year round. Each Scholarship application is considered by a committee of volunteers, who are experienced professionals. Successful recipients will be notified of approval by email within 4-6 weeks from submission.

This detailed application process helps to ensure the Scholarship grants are distributed appropriately.

Variety - the Children's Charity South Australia would like to share in the celebrations, as our scholarship recipients achieve milestones and receive recognition. Our expectation is that families will contact us to advise of these significant achievements. Please contact us on 8293 8744 or grants@varietysa.org.au

Guidelines

Guidelines

- 1. An application may be made on behalf of a child aged up to the age of 18 who is sick, disadvantaged or has special needs, and who displays an **existing talent** and commitment in the area of the arts or sport.
- 2. Scholarships are awarded on a yearly basis and must be spent within 12 months.
- 3. Scholarships will be limited to a maximum of \$5,000 per year, per application. Depending on the level of progress, grants may be renewed with a new application and supporting documentation submitted each year.
- 4. The Scholarship application form must be completed and the following information must be included with each application:

SA Scholarships Form

Form Preview

- a. Current financial information from the child's family. This includes copies of payslips and/ or Centrelink statements. Documents must be less than three months old.
- b. Documented evidence of funding required. For example, competition entry fees, tuition costs, equipment costs, up to a maximum of \$5,000.
- c. Area of interest requiring funding, with evidence of achievements in and commitment to the chosen area, and documented success.
- d. Two supporting letters from professional sources stating that the equipment or service is the most cost-efficient and suitable to be of benefit to the child. Referees could be a coach, social worker or other professional relevant to the applicant. The supporting letters must be less than three months old.
- 5. All applicants will be notified by email of the outcome of their application within 4-6 weeks from submission of application.
- 6. Once a scholarship is approved, funds will be paid directly to suppliers on receipt of invoice. No payment will be made directly to a child or child's family, nor will cash payments be made. Where the cost of car travel is specifically included in an approved scholarship, the payment will be calculated based on the kilometres travelled, not for payments made for fuel (except in approved circumstance). In these instances the scholarship recipient will need to keep a log book of all travel undertaken in relation to the scholarship. At the end of each quarter, a copy of the log book is to be sent to Variety SA together with a calculation showing the total kilometres claimed, multiplied by the reimbursement rate, showing the total amount claimed. The rate for reimbursement for fuel is 13.5 cents per kilometre travelled.
- 7. If a Scholarship is approved, our expectation is that families will contact us to advise of all significant achievements by the recipient, in their chosen field. Please contact us on 8293 8744 or grants@varietysa.org.au.
- 8. Equipment and services granted can not be varied without the prior consent of the Scholarship Committee.
- 9. Unless an extension has been given, all Scholarship funding will expire 12 months from approval date.

New Section

Contact Details

* indicates a required field

Child's Details

This form is to be completed by a parent or guardian of the grant applicant.

| Child's Name * | First Name | Last Name | |
|--|------------|-----------|--|
| | | | |
| Is this child an Australian Resident or Citizen? * | O Yes O No | | |

| If no, please provide | | | |
|---|--|--|-----------|
| details of residency status | | | |
| | | | |
| Is this child of Aboriginal or Torres Strait Islander origin? | YesNo | | |
| Child's Age * | | | |
| Child's Date of Birth * | | | |
| Child's Gender * | FemaleMale | | |
| Description of disability or disadvantage * | | | |
| Please attach a recent photo of the child (optional) | Attach a file: | | |
| Parent or Guardian's Deta | ils | | |
| Parent or Guardian 1 * | Title | First Name | Last Name |
| Parent or Guardian 2 | Title | First Name | Last Name |
| Relationship to Child * | ParentGuardialFoster CGrandpa | arer | |
| Residential Address * | Address | | |
| | Suburb St | ate Postcode | |
| | | | |
| Primary Phone Number * | | | |
| | | ustralian phone number, p 08 8293 8744 or mobile 04 | |

| Alternate Phone Number | Must be an Australian phone number eg 08 8293 8744 or 0400 000 000 |
|--|--|
| Email address | Must be an email address |
| Number of Dependents (under 18 years) * | Must be a number |
| Ages of Dependents | Separated by spaces |
| How many children will benefit from this scholarship? * | |
| Is either Parent/ Guardian currently receiving Government payments? * | YesNo |
| Is either Parent/ Guardian currently employed? * | ○ Yes○ No |
| Details of Request | |
| * indicates a required field | |
| Area of Interest | |
| Please select your child's area of interest * | ☐ The Arts ☐ Sport Up to two selections |
| Please list your child's goals in their area(s) of interest * | |
| | Word count: Must be between 25 and 500 words. |
| Please list the major achievements that your child has accomplished to date in their area(s) of interest * | Word count: |

Must be between 25 and 500 words.

Approximate Cost ex GST

Scholarship Request

Date and Activity/Equipment/Service

Please list all the costings that the funding will cover for the coming year, up to a maximum of \$5,000 ex GST.

| | \$ |
|--|--|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| Details of Request | |
| Please specify the total costs outlined above * | \$ Must be a dollar amount |
| Please specify the amount requested from Variety * | \$ Must be a dollar amount |
| Details of why the applicant is deserving and how they will benefit from the Scholarship * | Word count: |
| | Must be between 25 and 500 words. Must be at least 25 words |
| Please attach quote (1): * | Attach a file: |
| | For example, documented evidence of the funding required: quote, costing on supplier's letterhead etc. |
| Please attach quote (2), if applicable: | Attach a file: |
| Please attach quote (3), | Attach a file: |
| if applicable: | |

Financial Details

SA Scholarships Form

Form Preview

* indicates a required field

Explanation

Income

We are asking for the information in the following section, to try and get an accurate picture of the financial position of your family. The information that you provide in this entire application will be treated confidentially and respectfully. The funds available for Variety - the Children's Charity are limited, and we try to ensure that the people who need our support the most are the ones who receive it.

If you have any concerns, please call the Variety Office on 8293 8744.

| Is either Parent/Guardian currently receiving Government payments? * □ Yes □ No At least 1 choice must be selected. | | |
|---|--|--|
| Is either Parent/Guardian curr ☐ Yes ☐ No At least 1 choice must be selected. | rently employed * | |
| Government Assistance | | |
| Government Assistance (1): * | \$ Must be a dollar amount | |
| Government Assistance Documentation (1): * | Attach a file: Please supply a copy of your Centrelink Income Statement | |
| Government Assistance (2): | \$ Must be a dollar amount, please attach supporting documentation | |
| Government Assistance Documentation (2): | Attach a file: | |
| Income Details | | |
| Gross Annual Income Amount (1): * | \$ Must be a dollar amount | |
| Gross Annual Income Documentation (1): * | Attach a file: | |

e.g. May be a payslip, payment summary, or tax assessment

| Gross Annual Income Amount (2): | \$ Must be a dollar amo documentation | ount, please attach su | pporting |
|---|--|--|----------|
| Gross Annual Income Documentation (2): | Attach a file: e.g. May be a payslip | o or payment summar | у |
| Financial Considerations | | | |
| Are you able to make any financial contribution to this application? * | ○ Yes | ○ No | Other: |
| If yes, how much are you able to contribute? | \$ Must be a dollar amo | ount | |
| Current Housing Situation * | RentMortgageOwn HomeGovernment As | ssisted Housing | |
| Monthly Expenses * | | and include any over n estimated costs (eg. | |
| Have you approached any other sources for financial assistance? * | | | |
| If you have approached other sources for financial assistance, please provide brief details | | | |
| Have you previously received assistance from Variety? * | | | |
| If you have previously received assistance from Variety, please provide brief details, including the year | | | |

Referee Details

* indicates a required field

Support for this Application - Referee 1

Please note that we may contact this reference to discuss your application.

| Referee 1 Name * | Title | First Name | Last Name |
|-------------------------------|--------------|--|---------------------------------|
| Referee 1 Position * | | | |
| Referee 1 Organisation | | | |
| Referee 1 Phone Number * | | an Australian phone nu ple 08 8293 8744 | mber, please include area code, |
| Referee 1 Email | Must be a | an email address | |
| Relationship to Child * | | | |
| Referee 1 Referral Letter * | Attach a | file: | |
| Support for this Applicat | tion - Ref | eree 2 | |
| Please note that we may conta | ct this refe | rence to discuss you | r application. |
| Referee 2 Name * | Title | First Name | Last Name |
| Referee 2 Position * | | | |
| Referee 2 Organisation | | | |
| Referee 2 Phone Number * | | an Australian phone nu ple 08 8293 8744 | mber, please include area code, |

| Referee 2 Email | |
|--|--|
| | Must be an email address |
| Relationship to Child * | |
| Referee 2 Referral Letter * | Attach a file: |
| Consent Details | |
| * indicates a required field | |
| Consent | |
| Please note that your answers be | elow have no bearing on the outcome of your application. |
| | y to generate publicity through print and electronic rticipate in a presentation, should this application be |
| I / We would like to join Varie Yes | ety's mailing list, to hear all of Variety's latest news. * No |
| Referral | |
| How did you hear about Variety? * | □ Variety website □ Social media (eg Facebook, Instagram etc) □ Press (eg newspaper, radio, etc) □ Referee (eg Therapist, Doctor, etc) □ Word of mouth □ School □ Other: |
| If Other selected, please specify | |
| Checklist | eg. Other website |
| Please tick boxes to confirm your | application is complete. |
| Attached * | □ Quote(s) for item (if applicable) - Section 4: Details of Request □ Financial documents - Section 5: Financial Details □ Two supporting Referral Letters - Section 6: Referee Details |

SA Scholarships Form

Form Preview

Privacy Collection Statement

Your privacy is respected by Variety. The personal information you provide on this form (including sensitive information about your health) will be used to assess your eligibility. It may be provided to organisations that assist us, or as required or authorised by law, but we will not use any of your sensitive information for marketing purposes, without your prior consent.

Please refer to Variety - the Children's Charity Privacy Statement at www.variety.org.au/
Privacy/

If you have any privacy concerns or would like to verify information held about you please contact Variety SA on 08 8293 8744.

By ticking below, you confirm that you have read and agree to Variety's guidelines.

Submission of this application to Variety does not expressly mean or imply that Variety has accepted your application. Variety is under no obligation, legal or otherwise, to process your application to a successful conclusion. Each application will be determined on its merits, and within Variety's funding guidelines. Variety is not liable for any loss or damage whatsoever upon your application being declined.

By forwarding this application to Variety, you acknowledge that any and all implied terms and conditions or warranties implied by law are excluded. You acknowledge on making this application that Variety has not made any representation, or given any promise or undertaking as to the fitness of any equipment or product(s) sought to be supplied to you in pursuant to this application. It is solely for you to determine whether the equipment or product being sought is fit for its purposes. Variety may arrange for the supply and delivery of equipment or a product, but it is neither the vendor nor the supplier of any equipment or product. Accordingly, Variety will not be responsible for any direct or consequential loss or damage arising or related in any way to this application or its subject matter.

As Parent or Guardian, I consent to Variety collecting the information provided on this form. I have read and agree to Variety's guidelines (refer to Section 2). I understand that if I do not provide the information requested, I may be ineligible to receive assistance from Variety. *

| Date * | |
|----------------|--|
| | |
| Must be a date | |

Yes

If you need any assistance to complete this application please contact Variety SA on 08 8293 8744.