Newton Education Trust Scholarship - FY2024/25 Application Form Form Preview

Eligibility

* indicates a required field

APPLICANTS PLEASE NOTE

This section of the application form is designed to help you, and us, understand if you are eligible for this scholarship.

- Incomplete applications and/or applications received after the closing date will not be considered.
- Attaching written references from teachers and/or mentors will greatly enhance yourapplication (you can attach them under the "Supporting documents" section at the endof this application form).

REMEMBER TO SAVE AS YOU PROGRESS

Confirmation of Eligibility

Agree to Guidelines

You must attach evidence of the following cri	teria for your application to be considered.
Confirm you are: * ☐ Enrolled in (or have accepted an offer of) full-time tertiary study ☐ A resident of the Gippsland post codes of 3851, 3859, 3860 and 3862 and have lived there for 2 or more years	☐ In need of financial support to undertake your tertiary education
You must meet all of the the above criteria to be e	eligible for this scholarship.
Please name the University or TAFE Inst	itution where you are enrolled. *
E.g. Monash University, RMIT University, Melbourn	e Polytechnic, Holmesglen Institute, etc.
enrolment confirmation from a tertiary i Centrelink statements or official docume	
In which year did you complete you final	year of secondary school? *

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I confirm that I have read and understood the purpose, criteria and conditions of the scholarship.

Please select below: *

○ Yes

○ No

You must confirm that the statement above is true and correct.

Contact Details

* indicates a required field

Privacy Notice

Any personal information that you provide to State Trustees will be used to process your application and will be handled in accordance with all applicable privacy law.

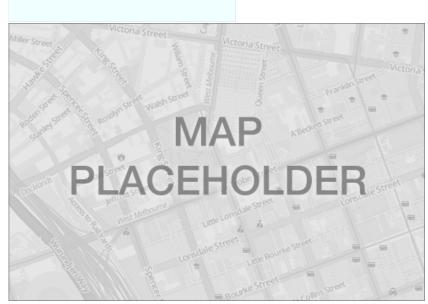
For more information, refer to our Privacy Policy.

View State Trustees' Privacy Policy

Applicant Details

Applicant name *	
First Name	Last Name

Primary Address * Address



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Primary contact person *

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First Name	Last Name		
This is the person we wi	II correspond with about t	his grant.	
Primary phone num	ıber *		
Must be an Australian p	hone number		
Include area code, direc			
Back-up phone nun	nber		
Must be an Australian pl Include area code, main			
Primary contact no	rson's email address	*	
Timary contact pe	13011 3 eman address		
This is the address we w	vill use to correspond with	you about this grant.	
Application Que	estions		
* indicates a required	field		
Tell us about you	ur experience of bo	eing a school stud	ent
	about school? What or tertiary education		ow do you feel school
nas preparea you i	or tertiary education	, aniversity inc.	
Word count: Must be no more than 1	50 words.		
Tell us about you	ır interests		
	js are you interested s, community work,		
Word count: Must be no more than 1	50 words.		

Tell us about your hopes for the future

What are you going to study and why? What fields might you like to work in? *

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Word count: Must be no more than 150 words.	
Supporting documents	
Feel free to upload any documents that p	rovide further support for your application.
	ant Principal / Principal will greatly enhance yo ss / enrolment via academic statements is also
Upload supporting documents Attach a file:	