

JAMES COOMBE SCHOLARSHIP

These scholarships are awarded annually under the provisions of the Will of the late James Coombe, managed by Perpetual Trustees WA Ltd. They are designed to help promising country government school scholars whose parents are unable, without assistance, to meet the cost of a high school education.

- | | | |
|---|----------------|-------------------|
| 1. For students in each of Years 8 to 12 living away from home: | | \$ 1000 per annum |
| 2. For students in each of Years 8 to 12 living at home | | \$ 1000 per annum |
| 3. Book and amenities fees allowance: | Years 8 to 10 | \$ 400 |
| | Years 11 to 12 | \$ 700 |

- As these scholarships are intended for children whose parents find it financially difficult to keep them at school, the request for confidential information overleaf must be completed
- Applicants must attach a copy of their end of year school report
- Scholarships are secured at public schools situated outside a radius of 65 kilometres from Perth

Selection Criteria

All applicants will be ranked according to the following selection criteria:

- Sound academic performance based on school reports and school principal's comment
- Attitude to study based on school reports and school principal's comment
- Need for financial assistance
- Locality

Application forms are to be sent, marked 'Private and Confidential' to:

Application for James Coombe Scholarship

Gary Dewhurst

Principal Consultant

Inclusive Education Standards, Community Support

Department of Education and Training

151 Royal Street

EAST PERTH WA 6004

ENTRIES CLOSE ON 31 DECEMBER [No late applications will be accepted]

Particulars of Student for which scholarship is being sought :

Family Name: _____ Given Names: _____

School Attending: _____

Date of Birth: _____ Year of study this year: _____

If the applicant has currently applied for or is in receipt of any other scholarship/s, please list the scholarship name/s:

REPORT BY PRINCIPAL

The Principal is required to give a report on the candidate's academic performance and attitude to study.

Principal's Signature: _____

Date: _____

CONFIDENTIAL

The information contained herein will be regarded as Confidential.

DETAILS OF PARENT OR GUARDIAN

Family Name: _____ Given Names: _____

Address: _____ Postcode: _____

Phone: (H) _____ (W) _____

Total number of dependant children in family: _____

Occupation: Father: _____ Mother: _____

Guardian: _____ Guardian's spouse: _____

INCOME AND ASSETS

Please answer either section A or B

- A. I was in receipt of Secondary Assistance this year and/or I hold a Family Health Care Card Yes / No
Yes / No

B. Fortnightly Income

Gross fortnightly wage of father/guardian: \$ _____

Gross fortnightly wage of mother/guardian: \$ _____

Pension [state type and Pension No]: \$ _____

Do you receive any fortnightly allowance from Centrelink or D.V.A. (exclude family allowance) Yes / No

If 'yes', please provide name and amount:

Name _____ \$ _____

Child Support: \$ _____

Any other income: \$ _____

Less fortnightly rent/mortgage \$ _____

TOTAL NET FORTNIGHTLY INCOME \$ _____

What are your net assets? \$ _____

I certify that the above statements are, to the best of my knowledge, correct in every respect.

Signature of Parent or Guardian: _____

Date: _____