



# Grow a Star Scholarship Application Form

“When I hear a young person express their joy at getting the opportunity to participate in their activity of choice, it’s fantastic, but when a parent tells you, ‘*You’ve helped change their life*’, well that is really what the program is all about! It’s what we strive for at Grow a Star, making young dreams become real.”

SHANE MARSHALL | GROW A STAR COORDINATOR



PLEASE COMPLETE AND SEND FORM TO [info@growastar.com.au](mailto:info@growastar.com.au)

**GROW A STAR** | Suite 302, Level 3 12 Stewart Ave Newcastle West 2302 PO Box 58 Wickham NSW 2293

Phone: 1300 333 733 Mobile: 0429 358 426

Email: [info@growastar.com.au](mailto:info@growastar.com.au) Websites: [www.growastar.org](http://www.growastar.org)

To enable us to assess whether the young person is eligible for the Grow a Star Program, we require some personal information. Personal information will be collected, stored and managed in accordance with the Home in Place Privacy Policy in line with current legislation in Australia and New Zealand.

## COMPLETED BY

☐ Young person ☐ Parent/caregiver ☐ Support service/school/housing provider

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

## YOUNG PERSON'S DETAILS

<b>Name:</b>	
<b>Address:</b>	
<b>Date of birth:</b>	
<b>Gender:</b>	
<b>Main language:</b>	
<b>Is an Interpreter required?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes please advise which language:</i>
<b>Country of birth:</b>	
<b>Is the young person:</b>	<input type="checkbox"/> At school <input type="checkbox"/> In other training (including apprenticeship or traineeship) <i>If other training, please specific the type:</i>
<b>Education institution (and year if school):</b>	Institution: Year: Other detail if relevant:
<b>Does the young person have a disability?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide brief details:</i>
<b>Is it necessary for the young person to work with a worker of a specific gender?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Comments:</i>

HOUSING		CULTURAL IDENTITY	
Home in Place	<input type="checkbox"/> Yes <input type="checkbox"/> No	Aboriginal	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Torres Strait Islander	<input type="checkbox"/> Yes <input type="checkbox"/> No
Community Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Culturally and Linguistically Diverse (CALD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aboriginal Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (Please specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Out of Home Care	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Transitional Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Private (rental or owned)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## SCHOLARSHIP DETAILS

What category best describes the scholarship request?	<input type="checkbox"/> Arts <input type="checkbox"/> Music <input type="checkbox"/> Sports <input type="checkbox"/> Education <input type="checkbox"/> Employment/Vocational
Are you seeking assistance for a specific amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes please advise the amount requested:
Has the young person agreed to this referral/application?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Has the young person received a Grow a Star scholarship, or any other financial support in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:
Please outline why you are seeking assistance from the Grow a Star program:	
Please provide further information to explain how the scholarship will support the young person's goals or interests, or provide opportunities for the young person:	

## PARENT/CAREGIVER DETAILS

Name:	
Relationship to young person:	
Address:	
Phone:	
Email:	
Main language:	
Interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes please advise which language:</i>
How do you prefer to be contacted	Phone <input type="checkbox"/> Email <input type="checkbox"/> Letter/mail <input type="checkbox"/>
Household type:	<input type="checkbox"/> Single <input type="checkbox"/> Sole Parent with Children <input type="checkbox"/> Couple <input type="checkbox"/> Couple with Children <input type="checkbox"/> Other Family/Relatives <input type="checkbox"/> Other Household
Combined annual gross household income:	\$
Main household income type:	<input type="checkbox"/> Centrelink /DVA <input type="checkbox"/> Wages/Casual Earnings <input type="checkbox"/> Superannuation/Self-Funded <input type="checkbox"/> Other <i>Please specify:</i>

## PARENT/GUARDIAN/CAREGIVER CONSENT

I \_\_\_\_\_ am over the age of 18 years and the information provided in this application is true and correct to the best of my knowledge.

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

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

## REFERRER DETAILS

Name of referrer:	
Organisation/service:	
Job title:	
Phone number:	
Email address:	
Suburb:	
State:	
Are you happy to be included on our Grow a Star mailing list?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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