



HEP Major Sponsors



Macquarie Group  
Foundation

# Cape York Institute Higher Expectations Program Secondary Education Scholarship Application Form

## How to fill out this application

Please fill out all sections of this form – it can be neatly printed, handwritten or typed. Don't forget to add the attachments requested, read the terms and conditions of the program and sign and date the form when you have finished

You can either email, post or upload your completed form using the web, or hand-deliver it to us if you are in Cairns

**Start now! Applications must be received at the CYI Office by 31st of July 2009**

## Who can apply for a Higher Expectations Scholarship?

**To be eligible for the Higher Expectations Program students and their families must be a resident in a Cape York Aboriginal Community also including Yarrabah and Palm Island.** These include Kowanyama, Pormpuraaw, Aurukun, Napranum, Weipa, Old Mapoon, New Mapoon, Seisia, Bamaga, Injinoo, Umagico, Lockhart River, Hopevale, Cooktown, Laura, Coen, Wujal Wujal and Mossman/Mossman Gorge, Yarrabah and Palm Island.

In addition to local and other Aboriginal peoples from these areas, Torres Strait Islanders who are recognised as residents by these communities may also apply.

## Checklist (before sending your application)

HAVE YOU:

- . Filled out all the sections of this application form?
- . Given details of how you can be easily contacted?
- . Enclosed all the necessary attachments signed where necessary?
- . Signed and dated the form

Parent / Guardian's Last name(s): \_\_\_\_\_ Parent /

Guardian's First name(s): \_\_\_\_\_ Parent /

Guardian's Home Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ OR Contact Number: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_

Student's First Name(s): \_\_\_\_\_

Male / Female \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Student's Home Address:

(If same as your address above, write "WITH ME". If different write address below:)

\_\_\_\_\_ Post Code: \_\_\_\_\_

### Section B - Student's Educational Details

School your child is currently attending: \_\_\_\_\_ Year level \_\_\_\_\_

School Address \_\_\_\_\_

School Phone Number: \_\_\_\_\_ Fax \_\_\_\_\_

School's Email Address: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

Name of your child's teacher this year: \_\_\_\_\_

Finish each of the following statements as accurately as you can by adding a statement you believe best describes your son or daughter as a student:

(a) My son / daughter's attitude towards school is \_\_\_\_\_

(b) My son / daughter's attendance at school is \_\_\_\_\_

(c) My son / daughter's school results are \_\_\_\_\_

(d) I / We help our child at school by \_\_\_\_\_

(e) I / We are keen for our child to receive a Higher Expectations Scholarship because \_\_\_\_\_

(f) I / We have spoken to our child about studying in the South and he /she \_\_\_\_\_

**Section C - Attachments – We must have copies of these documents**

Please complete and attach the following documents with this form:

**. Attachment 1 - Confirmation of Residence of Cape York, Palm Island or Yarrabah Aboriginal community. # See last page for this form .**

**Attachment 2 – Copies of your child's latest school report**



Terms, conditions and permissions. Read carefully before you sign

**Parent declaration:**

I / We wish to apply for a Higher Expectations Scholarship for our son / daughter Child's name in full:

\_\_\_\_\_ I / We give our permission for authorised staff of Cape York Institute to consult with the principal and staff of our child's school about his / her progress as part of this application, and to obtain copies of his/her reports and school results as necessary.

I / We understand that the Higher Expectations Program is a partnership between families, Cape York Institute, schools and sponsors, all of whom make a contribution to the student's education.

I / We am/are prepared to make a small weekly financial contribution to support my child.

I / We have read and understood the terms and conditions of the program, and if my /our child is accepted, agree to abide by these terms and conditions. PARENT / GUARDIAN'S FULL NAME: \_\_\_\_\_

PARENT / GUARDIAN'S

SIGNATURE \_\_\_\_\_

DATE \_\_\_/\_\_\_/\_\_\_

**Student Declaration – To be completed and signed by student**

I \_\_\_\_\_

(full name) wish to join the Higher Expectations Program in 2010. I have talked about this program with my parents/guardians and/or teachers and understand what it is about. I have also read and understood the terms and conditions of the program, and if accepted, agree to abide by these conditions.

STUDENT'S FULL NAME \_\_\_\_\_

STUDENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

You can make sure your application gets to CYI offices in a number of ways:

- **EMAIL**      Attach your application to an email and send it to [preben.mindamarra@cyi.org.au](mailto:preben.mindamarra@cyi.org.au)
- **MAIL**        Post your application to:  
**Higher Expectations Program, C/- Cape York Institute PMB 1, J Block Cairns QLD 4870**
- **FAX**         Fax it to (07) 40460601
- **BY HAND**    If you are in Cairns, bring your form into the CYI Office at:  
**J Block, Newton Street  
Tropical North Queensland TAFE Campus, Cairns**

**Completed applications must be received at the CYI Office by the  
31<sup>st</sup> of July 2009**



## Attachment 1 – Confirmation of Community Residence

### To be completed by Parent /Guardian

I/We \_\_\_\_\_  
(First names) (Other names) (Surname)

now living at \_\_\_\_\_  
(Your full address)

declare that my/our son /daughter is of Aboriginal and/or Torres Strait Islander descent, and is a resident of the \_\_\_\_\_ community in Cape York (also specify if a resident of Palm Island or Yarrabah).

He/she has lived in this community for (months/years) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### To be completed by an incorporated Aboriginal and/or Torres Strait Islander organisation or association within the applicant's community.

The above person is accepted and recognised as a member of the Cape York community of \_\_\_\_\_ (please specify if a member of Palm Island or Yarrabah) by the Board of Management of this incorporated Indigenous organisation or association.

Name of Organisation \_\_\_\_\_

Address of Organisation \_\_\_\_\_

Name of person making this declaration \_\_\_\_\_

Signature \_\_\_\_\_ Position\* \_\_\_\_\_

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

**\*These signatories must not be members of the applicant's family**