

**SECTION D**

**VERIFICATION OF ABORIGINALITY**

**THIS SECTION MUST BE SIGNED BY THE PARENT**

I confirm that my child is of Aboriginal decent:

Parent Name (1)		Parent Name (2) <i>(If applicable)</i>	
Signature:		Signature:	

**THIS SECTION MUST BE COMPLETED BY A COMMUNITY ORGANISATION**

Complete the following OR attach a confirmation of Aboriginal and/or Torres Strait Islander heritage certificate from a Community Organisation.

Community Name:	
Community Organisation Name:	
Community Organisation ABN:	
Telephone:	
Address:	
Contact Name:	

*The above mentioned Community Organisation understands that the applicant is seeking application for the KEEP Scholarship program for their child in a position for which Aboriginal and/or Torres Strait Islander heritage is considered essential. The applicant has requested the above mentioned Community Organisation confirms their Aboriginal and/or Torres Strait Islander heritage.*

**Tick relevant box/es that apply**

The Community Organisation verifies that the applicant:

- Is recognised and accepted by the above-mentioned Community as an Aboriginal and/or Torres Strait Islander person; and/or
- Has provided evidence to verify their Aboriginal and/or Torres Strait Islander heritage

Date of meeting: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Meeting resolution number: \_\_\_\_\_



.....  
(Print name of authorised person)

.....  
(Signature of authorised person)