

# THINGS YOU NEED TO KNOW

Thank you for your interest in the Kimberley Education Excellence Program. Before you begin filling out an application for our Kimberley Excellence Education Program (KEEP) here are a few important things that we thought you should know.

## Scholarships

The Wunan Kimberley Excellence Education Program (KEEP) provides scholarships for approximately 58 Aboriginal students from the Kimberley region of Western Australia. Wunan believes a good home, together with real work and a proper education for children are the key ingredients for Aboriginal people and families in our region to re-establish control over their lives and enjoy making real choices.

## Family Group Home Program

Our Family Group Homes are located in Sydney, Melbourne and Perth. We take great care in recruiting Aboriginal House Parents to manage these homes. House Parents are experienced in working with Aboriginal people and usually come from the Kimberly region of WA. Therefore they are well connected to the Communities from where the students come from and are better able to support their cultural needs.

## Schools

Wunan have partnered with a number of quality schools to reserve places for our Scholarship recipients. When an individual applies for our program, they are applying for the KEEP Scholarship – not the location or the school. The location and the school that they are offered a place for is determined by Wunan in accordance with an assessment and suitability process.

## Kimberley Education Excellence Program Application Form

### Outside of the Schools

Our Family Group Homes aim to operate just like an ordinary home except that there are usually a larger number of children (up to 12). Students participate in house chores and meal preparation and are encouraged to develop skills that will prepare them for life after school and independent living. As students settle in to the home they learn to adjust to the move and living harmoniously with their new 'family'. Our focus is on their supporting their education, culture and social emotional well-being.

### Family Support

It is a requirement for our program for parents to be engaged in their child's education throughout the duration of the Scholarship. Engagement occurs in many ways, including regular contact with the House Parent, regular contact with the student and regular compulsory financial contributions to maintain their Scholarship place.

## ELIGIBILITY FOR A KEEP SCHOLARSHIP

To be eligible for a KEEP Scholarship you need to:

- ✓ Be a student in Years 7, 8 or 9
- ✓ Be committed to completing Year 12
- ✓ Have good school attendance
- ✓ Have financial and family support

**If this sounds like the right program for you – please proceed with completing the Application Form in full and returning ALL required documentation.**

## COMPULSORY FINANCIAL CONTRIBUTIONS & FINANCIAL INFORMATION

### COMPULSORY FAMILY CONTRIBUTIONS

Families are required to make Compulsory Financial Contributions (CFC) to Wunan each year, demonstrating ongoing commitment to their child's education. If CFC payments are not regular the student will be withdrawn from the program. Wunan's Financial Services Hub will work with parents to ensure that CFC arrangements are made. Wunan Financial Services Hub is located in Kununurra and will work with families in person and/or over the phone.

The costs required from families will depend on household income as per the schedule:

2017 Salary per household	Cost	Per Week	Per Fortnight	Per Term
a. \$0 - \$50,000	\$2,000 pa	\$50	\$100	\$500
b. \$51,000 - \$80,000	\$3,000 pa	\$75	\$150	\$750
c. \$81,000 - \$120,000	\$3,500 pa	\$87.50	\$175	\$875
d. \$120,000+	\$4,500 pa	\$112.5	\$225	\$1125

### ABSTUDY

KEEP students are required to be eligible and approved **Abstudy – Schooling B** for the duration of the program. Abstudy can cover travel, school tuition and boarding costs.

### KEEP BOARDING

For some families Abstudy won't cover boarding and other program costs. Those families who have earned more than \$51,000 may be required to make additional boarding contributions.

The costs required from families will be assessed for the below schedule:

Salary and expenses / household	Cost	Per Week	Per Fortnight	Per Month
Plan B	\$2,000 pa	\$38.50	\$77	\$154
Plan C	\$3,500 pa	\$67.30	\$134.60	\$269.23
Plan D	\$4,000 pa	\$76.90	\$153.85	\$330.35

### AN EXAMPLE OF HOW THIS WORKS

Family X have a combined income of \$81 - \$120,000 (**B CFC**), have a reduced amount of Abstudy to cover boarding and have provided certified household income and expenses documentation that places them in **Plan B KEEP BOARDING**.

Family X would be financially responsible for \$3,500 of Compulsory Financial Contributions PLUS \$3,500 of Board & Lodging. **A total of \$7,000 per annum.**

The payment plan for Family X would be            \$154.80/week            or            \$309.60/fortnight

*Additional financial costs that are not covered by the KEEP Scholarship and Abstudy will be discussed in the interview stages.*

**SECTION A****STUDENT INFORMATION**

First Name		Last Name	
Preferred Name			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth
			Birth Certificate attached? YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you recognise as	Aboriginal <input type="checkbox"/>	Torres Strait Islander <input type="checkbox"/>	Both <input type="checkbox"/>
Language group		Skin name	
Home Address:			
Dry season address		Wet season address	
Place of birth		Country of birth	
Birth Mum:		Birth Dad:	
Language/s spoken at home:			
Student Mobile		Community Clinic	
Medicare Number		Health Care Card	
Child's # on card		Expiry:	
Customer Reference Number (CRN)		TFN	

**CARE, PROTECTION & CRIMINAL HISTORY**

Child lives with:			
Is this student in the Care of the CEO? (Child Protection & Family Services)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<i>Please provide details</i>			
Type of Order:		Case Manager:	
Is there a court order or parenting plan relating to this student?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<i>Please provide details and attach copy of order or plan</i>			
Has this student ever been involved with the court system or police?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<i>Please provide details and attach copy of relevant papers</i>			

**EDUCATIONAL INFORMATION**

Current School		Current Year Level	
Have you applied for any other scholarships?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<i>Please provide details</i>			
Does your child have any special needs or additional supports within school?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<i>Please provide details</i>			

**HEALTH & MEDICAL**

Please tick if the student has any of the following existing health conditions:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Allergies( eg; Penicillin, sunscreen, nuts)
<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Physical disability	<input type="checkbox"/> Seizures
<input type="checkbox"/> Visual impairment, Intellectual/Learning impairment (Dyslexia)	<input type="checkbox"/> Acquired brain impairment	<input type="checkbox"/> Mental health or Behaviour issues (eg; Depression, ADHD)
<input type="checkbox"/> Epipen – <i>anaphylaxis management plan required</i>	<input type="checkbox"/> Sensitivity to drugs	<input type="checkbox"/> Headaches/Migraines
<input type="checkbox"/> Rheumatic heart disease	<input type="checkbox"/> Heart murmurs	<input type="checkbox"/> Chest pains

*If you have ticked ANY OF THE ABOVE boxes, please supply further information.***PARENT / GUARDIAN INFORMATION****1**

Relationship to student			
First Name		Last Name	
Preferred Name			
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	
Do you recognise as Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/>			
Language group		Skin name	
Home Address:			
Dry season address		Wet season address	
Postal Address:		Nearest Post Office	
Place of birth		Country of birth	
Language/s spoken at home:			
Mobile Number		Phone Number	
Email		Are you employed?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Employer		Employment status	F/T P/T CASUAL
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Defacto		

**PARENT / GUARDIAN INFORMATION****2**

Relationship to student			
First Name		Last Name	
Preferred Name			
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	
Do you recognise as Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/>			
Language group		Skin name	
Home Address:			
Dry season address		Wet season address	
Postal Address:		Nearest Post Office	
Place of birth		Country of birth	
Language/s spoken at home:			
Mobile Number		Phone Number	
Email		Are you employed?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Employer		Employment status	F/T P/T CASUAL
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Defacto		

**SECTION B**

**STUDENT**

**THIS SECTION MUST BE FILLED OUT BY THE STUDENT IN THEIR OWN HANDWRITING**

My thoughts and feelings about school are:

I am most happy when:

I think negative thoughts about myself when:

My favourite subjects at school are \_\_\_\_\_ and \_\_\_\_\_ because \_\_\_\_\_

The subjects I struggle with at school are \_\_\_\_\_ and \_\_\_\_\_ because \_\_\_\_\_

I want to be a part of the KEEP Scholarship Program because \_\_\_\_\_

3 goals that I want to achieve in the next year are:

- 1.
- 2.
- 3.

**SECTION C**

**PARENT**

**THIS SECTION MUST BE FILLED OUT BY THE PARENT IN THEIR OWN HANDWRITING**

I want my child to be a part of the KEEP Scholarship program because

I am involved in my child's education now in the following ways:

If my child was away on a KEEP Scholarship I would support them by:

Education is important to me because:

If my child is unsuccessful for a KEEP Scholarship my plan for their education is:

**SECTION D(i)**

**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)	
Signature:		Signature:	

**SECTION D(ii)**

**VERIFICATION OF ABORIGINALITY**

**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 abovementioned 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 abovementioned 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)

## IMPORTANT – CHECKLIST

Please ensure that you have completed ALL parts of this application before returning. To help you ensure that your application is complete you should have completed the following:

- Section A – Student Information, Education
- Section B - Student
- Section C – Parent
- Section D – Verification of Aboriginality

***Also Included with this application are the following documents:***

- A copy of my child's latest and previous school year report
- A statement from the school confirming my child's attendance rate
- Two written references (one from the school) from people who knows your child well
- Copy of ALL of your child's NAPLAN results
- Copy of any Family Court or Protection Orders
- Copy of any Criminal history
- Copy of any Medical Plan or history
- Copy of any support service referrals *ie Occupational Therapy, Hearing Specialist etc*

**This Application can be returned via the following methods:**

**In person:** Wunan Foundation, 76 Coolibah Drive Kununurra

**Mail:** Wunan Foundation Att: KEEP, PO Box 1338, KUNUNURRA WA 6743

**Email:** [keep.wunan@wunan.org.au](mailto:keep.wunan@wunan.org.au)

**Fax:** (08) 9169 2397

### OFFICE USE ONLY

<b>OFFICE USE ONLY</b>			
Student Name:			
Date Received		Received by:	
Date entered into system:		Entered by:	
Current Year level		Entry Year level	
Approved	YES <input type="checkbox"/> NO <input type="checkbox"/>	Applicant advised	YES <input type="checkbox"/> NO <input type="checkbox"/>
		Date:	