

THINGS YOU NEED TO KNOW

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

KEEP Scholarships

Wunan's Kimberley Excellence Education Program (KEEP) provides scholarships for 12 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

Our Family Group Home is located in Belmont, Perth. We take great care in recruiting Aboriginal House Parents to manage this home. 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 our students come from and are better able to support their cultural needs.

Partner School

Wunan has a partnership with Belmont City College, a quality school. When an individual applies for our program, they are applying for a KEEP Scholarship – not the location or a school.

Outside of the School

Our Family Group Homes aim to operate just like an ordinary home except that there are usually a larger number of young people (up to 12 at one time). Students participate in house chores and meal preparation plus encouraged to develop independent living skills that will prepare them for life after Year 12. As students settle into the home, they learn to adjust

Kimberley Education Excellence Program Scholarship Application Form

and living harmoniously with their new 'family'. We want KEEP students to thrive through their education, culture and wellbeing while living away from home and community.

Family Support

It is a requirement for parents or guardians to be engaged in their child's education throughout the duration of their scholarship. This can include regular contact with the House Parents, visiting the school and boarding house, attending your child's school parent-teacher night and /or Year 12 graduation.

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 and your child, please proceed in completing the application form in full and returning ALL required documentation. Please reach out to the KEEP team if you need anything thing clarify or have any further questions.

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

KEEP SCHOLARSHIP FINANCIAL GUIDELINES

OVERVIEW OF THE KEEP SCHOLARSHIP

KEEP Scholarships support young Kimberley Aboriginal people to receive a high-quality education. Wunan acknowledges that families in the region can experience disadvantage and financial barriers. KEEP Scholarships have a high value and cover an extensive range of items for the student's education and living expenses while away from home.

The following table shows which student items are covered by different parties

Wunan	<ul style="list-style-type: none"> • General running costs of the home including utilities • General transportation • Basic running costs of the program 		
ABSTUDY	<ul style="list-style-type: none"> • Travel (flights to and from the boarding home) • Tuition (school fees up to a certain amount) • Boarding costs <ul style="list-style-type: none"> ➤ Rent ➤ Food ➤ Consumables ➤ Tutoring <p style="color: red; font-size: small;">* Please note: Some boarding costs not fully covered by ABSTUDY.</p>		
Not covered in the scholarship (responsibility of parent/guardian)	<table style="width: 100%; border: none;"> <tbody> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Toiletries • Clothing including school uniform • Haircuts • Pocket money • Smart riders </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • School laptops and iPads • School photos • Sporting registration fees • School camps and day trips • Mobile phone and credit </td> </tr> </tbody> </table>	<ul style="list-style-type: none"> • Toiletries • Clothing including school uniform • Haircuts • Pocket money • Smart riders 	<ul style="list-style-type: none"> • School laptops and iPads • School photos • Sporting registration fees • School camps and day trips • Mobile phone and credit
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ABSTUDY

Parent/Guardian needs to apply for ABSTUDY as soon as possible after a student has been accepted into the program. ABSTUDY can provide assistance with school tuition fees, boarding cost and travel. Parents/Guardians are responsible for communicating with Centrelink directly and registering their child for ABSTUDY. Students cannot start schooling away until ABSTUDY has been approved.

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

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

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 areand because...

I want to be a part of the KEEP Scholarship 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/GUARDIAN IN THEIR OWN HANDWRITING

I want my child to be a part of the KEEP Scholarship 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/GUARDIAN

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 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)

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 & Family Information, Educational Information / Status
- Section B – Student Reflection
- Section C – Parent Reflection
- 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*