

Tertiary Scholarships Application Form



Applications are invited from eligible Legatees who have completed their higher school certificate and meet the criteria below.

The NSW Police Legacy scholarships are awarded according to the following conditions:

1. Name of Scholarship

The Scholarship shall be known as the "NSW Police Legacy Tertiary Scholarship".

2. The Objective

To provide an annual award to assist up to five (5) Legatees endeavouring to undertake further education at a recognised tertiary institution including, but not limited to, university and TAFE.

3. Value

Each scholarship will carry an award of \$5,000.00

4. Conditions

- Scholarships will be awarded annually;
- Eligible legatees are those who have completed their Higher School Certificate in the preceding year;
- The Scholarships shall be awarded based on the applicant's Australian Tertiary Admission Rank (ATAR);
- Up to five (5) Tertiary Scholarships will be awarded to Legatees based on the above criteria. However, if there are legatees whose ATAR is equal, the Board of Directors may use their discretion to determine the recipient, and how the award will be distributed;
- The recipient of the Scholarship must remain at the educational institution for the duration of the award (1 year);
- The applicant must be intending to study full-time.

5. Administration

- Applicants must supply an original certified copy of their HSC and ATAR results;
- The determination of the recipients of the NSW Police Legacy Tertiary Scholarship shall be decided by the Board of Directors.
- No applications will be considered after the closing date.
- Please send completed applications to the Executive Assistant:
 - by mail: NSW Police Legacy, PO Box 20065, WORLD SQUARE NSW 2002;
 - by email: info@policelegacynsw.org.au

Tertiary Scholarships Application Form



Personal Details

Full Name: _____

Address: _____

City: _____ State: _____ Post Code: _____

Mobile: _____ Date of Birth: _____

Name of School Attended: _____

Australian Tertiary Admission Rank (ATAR): _____

Education Details

Please attach certified copy of ATAR results.

Parent's / Guardian's Signature: _____ Date: _____

Dependent legatee's signature: _____ Date: _____

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Certification by Registrar of Educational Institution

I certify that: _____ (STUDENT'S FULL NAME)

is enrolled as a student at: _____

_____ (NAME AND ADDRESS OF EDUCATIONAL INSTITUTION)

commencing shortly as a FULL TIME student: YES NO

and studying: _____ (COURSE NAME)

Registrar's Signature: _____ Date: _____

Registrar's Name: _____ Telephone Number: _____

Please authenticate this application with official stamp/seal from education institute in the space below.