

PARENT DECLARATION - MARY JANE LEWIS SCHOLARSHIP FOUNDATION

Parent's full name: _____

Parent's full address: _____

Applicant's full name: _____

I ACKNOWLEDGE AND CONSENT THAT:

1. I have read the Equity Trustees' Privacy Statement and consent to the information I have provided or provided access to which is contained within the Scholarship Application being disclosed to or by the Scholarship Council of the Mary Jane Lewis Scholarship Foundation and relevant third parties for the purpose of assessing, administering and monitoring this and any future Scholarship Applications for the Applicant.

If the Applicant has not attained 18 years of age as the parent of the Applicant I ACKNOWLEDGE AND AUTHORISE THAT:

2. The Scholarship Council of the Mary Jane Lewis Scholarship Foundation gain access to the Applicant's year 12 results and ATAR (Australian Tertiary Admission Rank) score and authorise a copy to be made and forwarded to the Trustee. Additionally, if the Applicant is offered a scholarship, I authorise the Scholarship Council to notify Victorian State Schools that the Applicant is a recipient and what course the Applicant is enrolled in.
3. If the Scholarship Council of the Mary Jane Lewis Scholarship Foundation approve this Scholarship Application, the Applicant will be bound by the contents of this Scholarship Application. The continuation of the Applicant's scholarship is contingent upon reports from the Applicant's University as to satisfactory academic progress and otherwise there being no unlawful or inappropriate conduct that in the opinion of the Council is inconsistent with the standards and reputation of the Foundation. The Scholarship can be withdrawn, suspended or cancelled by the Council if academic progress is not satisfactory or any such conduct occurs. The Scholarship Council will review the Applicant's position at the commencement of each semester.
4. The Applicant agrees to send a copy of the Applicant's results to the Scholarship Liaison Coordinator of the Foundation at the end of each semester. Failure to do so will mean cessation of payments until such time as the Applicant sends their results.
5. I certify that to the best of my knowledge the statements made in this Scholarship Application and supporting documents are true.

Signature of parent: _____

Parent's full name: _____

Date: _____ 2020