



# Education Grant Application Form

SA Police Legacy Young Legatees, up to and including the age of 21 years, may be eligible for Education Grants from pre-school through to approved higher education for full time study. Young Legatees who study part-time or are over 21 years of age may still apply and their application will be reviewed by the Board.

TAFE (or equivalent) and University study has been approved by the Board. Other studies may be considered but will require detailed information of the study being undertaken and applications will be assessed by the Board on an individual basis.

**To apply for the Education Grant, please complete all fields and return by email or post.**

## 1. Student Details

Student Name:
Date of Birth:
Address:
Phone:
Email:

## 2. Parent/Guardian Details (if under 18yrs)

Parent Name:
Address (if different to child)
Phone:
Email:

## 3. Enrolment Details

Please tick the appropriate box

Preschool     Primary School     Secondary School     Tertiary (Uni/TAFE or equivalent)

Name of Preschool/School/University/TAFE or equivalent **enrolled:**

\_\_\_\_\_

Year level: \_\_\_\_\_

## 4. Tertiary Education (Only complete if Tertiary)

Course Title:
Course Level (Certificate/Diploma/Bachelor/Masters):
Commencement Date:
Expected end date:
Full Time or Part Time?
If Part Time, number of hours per week:

**5. Agency Certification for Tertiary Education only**

Agency certification must be made by a Police Officer, Minister of Religion, Justice of the Peace, School Teacher, School Bursar or Student’s Union Representative. The application will not be processed without certification.

I CERTIFY THAT (Student) ..... has enrolled in the course stated within this form, as a full/part (circle) time student for a full/part (circle) year. If part year, please specify the period: .....

**Details of Certifier**

Title/Position:
Name:
Phone:
Signature:
Date:

**6. Bank Details**

Option 1 - Direct transfer to Bank or Credit Union

BSB:
Account Number:
Account Name:
Name of Bank/Credit Union:

Option 2 – Cheque

Please provide name to whom the cheque should be made out to  
.....

**7. Disclaimer by Applicant**

\*For students under 18yrs this section must be completed by the Parent/Guardian.

I declare that the information provided on this form is true, accurate and complete.

Name: .....

Signature: .....Date: .....

**Completed application form is to be returned to:**

**Bernadette Sahb, Liaison Officer Members & Young Legatees,  
Email: [bernie@policelegacysa.org.au](mailto:bernie@policelegacysa.org.au) or [info@policelegacysa.org.au](mailto:info@policelegacysa.org.au)**

**Post: SA Police Legacy  
286 Gilbert Street, Adelaide SA 5000**

**Treasurer’s Use Only**

Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Method: \_\_\_\_\_