



Port Curtis Coral Coast Trust Limited



Port Curtis Coral
Coast Trust Ltd
Level 1/3 Maryborough St
BUNDABERG QLD 4670



(07) 4167 0037
reception@pccctrust.com.au
PO Box 537
BUNDABERG Q 4670

PRIORITY THREE: TERTIARY EDUCATION SCHOLARSHIP ASSISTANCE PROGRAM **2025 APPLICATION**

- Before completing and returning the form you must:
 - Read and meet the PCCC Ltd Funding Guidelines (*see Attachment 1*)
- Ensure the entire application is completed by completing the Checklist on Page 3

Please return your completed application via email to reception@pccctrust.com.au or via post to Port Curtis Coral Coast Trust Limited, PO Box 537, Bundaberg QLD 4670.

If you have any queries or require assistance to complete this form, please contact Port Curtis Coral Coast Limited office on (07) 4167 0037 or reception@pccctrust.com.au

APPLICANT INFORMATION: Please print clearly and in capital letters

Surname:		First Name:	
Street address:			
City:	State:	Post Code:	
Phone:		E-mail:	
Postal address (If same as street address write 'AS ABOVE'):			
City:	State:	Post Code:	
Date of Birth:		Gender:	
IF APPLICANT IS UNDER 18, PARENT/CARER TO SIGN APPLICATION FORM			
Please indicate relationship to applicant:			
.....			

PLEASE INDICATE THE PCCC GROUP OF THE APPLICANT ON THIS APPLICATION:

Bailai
 Gurang
 Gooreng Gooreng
 Taribelang

PLEASE INDICATE THE APICAL ANCESTOR OF THE APPLICANT:

<input type="checkbox"/> Dina	<input type="checkbox"/> Jessie	<input type="checkbox"/> Dolly (mother of Johnson Matemate)	<input type="checkbox"/> Molly Jones	<input type="checkbox"/> Dulhu/Doolan
<input type="checkbox"/> Buller Tolsen (Norman Buller)	<input type="checkbox"/> Nellie Murray (Also known as Nellie Watcho and Alice Murray)	<input type="checkbox"/> Jane	<input type="checkbox"/> Betsy	<input type="checkbox"/> Rosie
<input type="checkbox"/> Maggie Little	<input type="checkbox"/> Rosie Blackman	<input type="checkbox"/> Emma Jones (wife of John Broom/e)	<input type="checkbox"/> John Hill ("Pig Pig")	<input type="checkbox"/> Elizabeth Tanwatt/Daniels
<input type="checkbox"/> Kitty of Gladstone	<input type="checkbox"/> Margaret Grant			

PCCC Trust Limited Membership Number*:
 * If you are not a current PCCC Trust Member, PCCC Ltd encourages you to complete the Membership form ([see http://www.pccctrust.com.au/programs/membership/](http://www.pccctrust.com.au/programs/membership/))

NOMINATED CONTACT: You may wish to nominate a person who can be contacted on your behalf regarding your application. This person must be acquainted with the details of your application. (A contact person can be an Indigenous Support Unit representative, Course Coordinator, etc.)

Name of contact:	Relationship to you:
Phone:	E-mail:

NOTIFICATION OF RECEIPT OF EDUCATIONAL ASSISTANCE FROM ANOTHER NATIVE TITLE GROUP, INSTITUTION/ORGANISATION/ENTITY, OR SCHOLARSHIP / BURSARY.

Does the applicant/parent/carer receive educational assistance from another native title group, institution/organization/entity or scholarship/bursary? Yes No

If yes, please provide details of the assistance already received and the amount.

Name of Institution/Corporation/Trust: _____ **Amount:** \$ _____

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UNIVERSITY STUDENTS:

Name of University:		
Street Address:		
City:	State:	Post Code:
Name of Contact Person:		Phone:
Course Enrolled In:		University Course Code:
Postgraduate: <input type="checkbox"/>	Undergraduate: <input type="checkbox"/>	
Year of Enrolment: <input type="checkbox"/> 1 st Year <input type="checkbox"/> 2 nd Year <input type="checkbox"/> 3 rd Year <input type="checkbox"/> 4 th Year		
Study load:	Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/>	Expected Completion Date:

For most programs a standard full-time study load is 40 credit points per trimester. You are enrolled in a part-time study load when you enrol in courses totalling less than 75% of a standard full-time load

CERTIFICATE IV & DIPLOMA Students

Recognized Australian Institute:		
Street Address:		
City:	State:	Post Code:
Name of Contact Person:		Phone:
Course Enrolled In:		Course Code:
Study load*	Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/>	Expected Completion Date:

Fulltime study is three modules and above. Part time study is two modules or below

BANK ACCOUNT DETAILS:

Name of Account Holder:	
Name of Banking Institution:	
BSB:	
Account Number:	

CHECKLIST	TICK IF COMPLETE
1. Application completed in full	<input type="checkbox"/>
2. Bank account details provided	<input type="checkbox"/>
3. A written statement of approximately 200 words outlining: <ul style="list-style-type: none"> • Why you are undertaking this activity • How the scholarship could financially support and enhance your study or work 	<input type="checkbox"/>
4. Evidence of the applicant's contribution to and/or leadership in community service	<input type="checkbox"/>
5. Cert IV & Diploma students – Enrolment Advice/Units of Study	<input type="checkbox"/>
6. Academic transcript or if undertaking a STEPS /TEP, Letter of support from university confirming ongoing studies	<input type="checkbox"/>
7. Postgraduate students are required to have a letter of support from supervisor of HDR detailing progress	<input type="checkbox"/>
8. Two written references – one being from a recognised PCCC community member and one other (academic, religious, community engagement, professional or personal)	<input type="checkbox"/>
9. Declaration signed	<input type="checkbox"/>
Please Note: If the above documents are not provided your application <u>will not</u> progress. Once the application form has been completed in full and all required documents have been attached, please sign and date the declaration below.	

DECLARATION:		
I declare that I (if the applicant is under 18, I am the parent/carer/grandparent):		
NAME: _____		
<input type="checkbox"/> I / We declare that the information I have provided on this form is complete and accurate and that the application meets the PCCC Ltd Trust 2025 Funding Guidelines.		
<input type="checkbox"/> I / We accept and agree to the Terms and Conditions as outlined in the Funding Guidelines in this application.		
<input type="checkbox"/> I / We understand that my application will be considered by the PCCC Ltd Chairperson and Committee and will be recommended to the Trust Board of Directors.		
<input type="checkbox"/> I / We understand and accept that the Directors decision to approve or not approve this application is final.		
<input type="checkbox"/> I/We understand that I may be requested to provide additional information.		
_____ Name of Applicant:	_____ Signature of Applicant	_____ Date:
_____ Name of Contact Person (Optional)	_____ Signature of Contact Person	_____ Date: