



## 2010 Scholarships

**Applications close: September 30<sup>th</sup> 2009**

For information and assistance in completing your application form contact Children of Phoenix on:

[info@childrenofphoenix.org](mailto:info@childrenofphoenix.org)

PO Box 1351 Bakery Hill, Victoria 3354

### Our Vision:

Children of Phoenix are an empathetic and trusted National organisation focused on:

Effecting legal and policy reform to ensure fair, just and equitable treatment of survivors of sexual abuse

Promoting the value of education in rebuilding life after abuse

Facilitating educational opportunities for survivors of child sexual abuse

### Our Values:

**Client focus:** Deliver specialised, quality service and ongoing support to members of the community through sensitive responses to the needs of all clients

**Confidentiality:** Offer a comfortable, appropriate and safe environment, operating with the utmost discretion, security and privacy

**Integrity and Empathy:** A commitment to serving with honesty, respect, trust, care and compassion

**Equity:** Treat all with fairness and integrity

**Leadership:** Provide continual education, direction and guidance to the wider community on issues of child sexual abuse

Scholarships are open to survivors of sexual assault, and in particular child sexual assault who are ready to continue or further their education.

Children of Phoenix scholarships are provided at primary school, high school, University and also vocational education levels.

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**What Children of Phoenix can fund; all funding of the below items is at the discretion of Children of Phoenix.**

Primary school

Yes: School uniforms; camps and excursions; after school programs and extracurricular activities; sport; transport to and from school; tutoring; school fees

No: Computers.

High School

Yes: Computer and internet access; items from book lists; uniforms; fees; extracurricular activities; clothing to a specified amount; excursions and camps; advice on part-time work opportunities; tutoring; travel passes

No: Mobile phones

Post Secondary

Yes: Books and educational needs; fees (if mandatory & upfront); advice on part-time work; Travel passes; computer and internet access; relevant voluntary opportunities to extend work experience.

No: Living expenses; clothing

Other training

Yes: Fees; computer and internet; books and educational requirements of the course to be undertaken; travel costs related to study

No: Living costs; clothing

**To apply for a scholarship:**

Step 1: A counsellor or other professional referee for the applicant completes the referee questionnaire with the survivor. It is preferred that the professional person is known to and currently assisting the applicant Children of Phoenix can offer advice and assistance in this process.

Step 2: Survivor is to complete the applicant's questionnaire and may do so with assistance from the professional person as required. Both this document and the referral document are sent to Children of Phoenix together and must be received by the due date.

Step 3: Children of Phoenix scholarship working party will select potential scholarship recipients from applications received.

Step 4: An informal and confidential interview will be conducted with potential scholarship recipients.

PLEASE NOTE: Children of Phoenix are available to offer assistance to individual applicants at any stage in this process. Applicants should not feel alone or isolated.

All applicants will receive notification at this time as to whether the request for assistance has been successful for the current funding round.

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**REFEREE QUESTIONNAIRE**

A counsellor or other professional referee for the applicant completes the below referee questionnaire with the applicant. It is preferred that the professional person is known to and currently assisting the applicant

Applicants' name: .....

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Your position: \_\_\_\_\_

Organisation representing: \_\_\_\_\_

Relationship with applicant: \_\_\_\_\_

To the best of your knowledge please answer the following:

Who are your client's current support people? E.g. Family, friends, teachers, counsellors

\_\_\_\_\_

Have any other services been accessed to gain assistance e.g. Centres Against Sexual Assault, Victims of Crime Assistance, The Gatehouse Centre RCH **Yes / No** (If so which service have you accessed?)

How would you rate the applicant on the following?

	High	Med	Low	Unsure
Desire to undertake further study				
Capacity to undertake desired study				
Discipline to study (attendance, meeting deadlines)				
Support mechanisms to succeed (other than Children of Phoenix)				
Willingness to discuss concerns				
Willingness to accept advice				
Ability to communicate with peers				
Ability to accept responsibility for own actions				
Ability to cooperate with others				
Are applicants goals realistic				

Please add any further comments that you feel have not been covered in the above questionnaire on an attached sheet.

Thank-you, your feedback and assistance is greatly appreciated.



**Applicants Questionnaire**

Please answer the following questions to assist us in understanding your goals and the challenges that you feel have prevented you from achieving those goals to date.

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth (if under 18 years of age) \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Preferred form of contact: \_\_\_\_\_

Highest level of education so far: \_\_\_\_\_

Which category are you applying for:

- Primary school
- High School
- Vocational
- Tertiary

What would you like to achieve? \_\_\_\_\_

Why do you want to achieve this? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What support do you need to achieve your goal? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you believe this scholarship will help you? \_\_\_\_\_

If granted a scholarship what would be your goals in the first year?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



If undertaking any form of education at the moment, how are you going? If you are no longer in education, what do you feel has prevented you from continuing?

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What do you believe has made it difficult for you to continue your education?

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What value do you see in continuing your education? \_\_\_\_\_

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What do you find challenging about learning? \_\_\_\_\_

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How do you see yourself committing to the scholarship program? \_\_\_\_\_

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Who are your support people? \_\_\_\_\_

Are there any special learning needs that we need to be aware of? Eg a physical or learning disability, psychiatric or medical illness. \_\_\_\_\_

PLEASE ATTACH ADDITIONAL SHEETS AS REQUIRED.

**Confidentiality**

All applications and referrals will be kept strictly confidential.

**Applicant consent**

I \_\_\_\_\_ give my consent to the above information being made available to Children of Phoenix for the purpose of applying for the scholarship program.

Signed:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Witness

Note: Witnesses to applicants must be professionals currently assisting and known to the applicant. Applicants under the age of eighteen years also require a parent or guardian signature.