**Application for Sponsorship Form**

**Important Information:**

The purpose of this sponsorship is to assist women and girls in low-income countries to access an education when their gender has otherwise prevented them from doing so. The sponsorship is primarily to be for the cost of tuition fees. If possible, the Foundation may be able to assist with an additional annual allowance for stationary and other study incidentals (e.g. printing, access to internet). In extreme circumstances, funding may be available to assist candidates who have no other means of accessing accommodation, food, transport, or specialised equipment for their course. All funding is subject to availability of funds and limits on individual items may apply.

**Section 1: Background Details:**

**First Name:**

**Surname:**

**Country where you reside and intend to complete your study:**

**Date of Birth:**

**Sex:**

**Contact Details:**

Postal Address:

Email address:

Phone:

**What is the highest level of education have you successfully completed:**

Primary

Lower Secondary (Form 4 or below)

Upper Secondary (indicate which level):  Form 5  Form 6  Form 7

Certificate (name of qualification):

Diploma (name of qualification):

Bachelor (name of qualification):

**Section 2: Your Story**

**Please tell your story about the ways in which your gender impacted your ability to access an education (1 page).**

**If you are comfortable to provide the information, please indicate if your story involves any of the following (tick more than one if relevant)**

Parents/guardians unable to afford your education

Parents/guardians refused to support your education because you are female

You had to leave school to look after a family member

You had to leave school due to pregnancy

Other reason(s) you have had to leave school (please explain):

**Section 3: Funding Support Required:**

*Indicate for which of the following areas you are requiring funding support, and complete the relevant section.*

Tuition Fees (Complete Section 3A)  Textbooks (Complete Section 3B)

Specialised Equipment (Complete Section 3C)  Accommodation/Board (Complete Section 3D)

Transport (Complete Section 3F) (e.g. stethoscope for a nursing course; etc.)

**Section 3A: Tuition Fees**

*Please attach the letter of offer from the institution for the course and an invoice for the fees owing.*

Name of qualification:   
(e.g. Diploma of…. Bachelor of … Secondary School Year Level…)

Name of Institution where course is offered:

Duration of Course (when studied full time):

Number of Units in Course (if applicable, otherwise write N/A):

Number of Units per Semester (if applicable, otherwise write N/A):

Commencement Date:

Fees per Unit/Study Period (specify currency):

Total cost of tuition (specify currency):

**Section 3B: Textbooks**

If you are requiring sponsorship for the purchase of textbooks needed to complete your studies, please list details for each text and attach evidence from the institution that you require these texts. Otherwise tick N/A:  N/A

|  |  |  |  |
| --- | --- | --- | --- |
| Author  (Surname, first name) | Title  (include edition number if relevant) | Publisher | Cost  (specify currency) |
|  |  |  |  |
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**Section 3C: Specialised Equipment**

If you are requiring sponsorship for the purchase of specialized equipment or a uniform, please list the item(s) and cost. Please also attach evidence from the institution that you require these items. Otherwise tick N/A:  N/A

|  |  |
| --- | --- |
| Name of Item | Cost of Item (specify currency) |
|  |  |
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**Section 3D: Accommodation/Board**If you are requiring sponsorship for accommodation/board, please provide information below. Otherwise tick N/A:  N/A

How far away is the place of study from your home (distance or time for travel):

Name of accommodation place/owners:

Address of accommodation:

Email/Phone of Accommodation (if available):

Cost of accommodation per month (specify currency):

**Section 3E: Transport**If you are requiring sponsorship for transport between where you are living during study periods and the place of study, please provide information below. Otherwise tick N/A:

N/A

How far away is the place of study from where you are living during study periods (distance or time for travel):

What form of transport you will use:

Is this the most cost-effective form of transport?

Yes  No

If no, why are you requiring this form of transport?

Cost of transport per month (specify currency):

**Section 4: Declaration of Applicant/Legal Guardian/Support Person**

By signing and submitting this form you are declaring that:

1. The information you have provided is factual and accurate.
2. That you will only apply for sponsorship for those elements of your study expenses that there is no possible way of paying yourself or having provided to you by a family member.
3. That you believe your gender has had an impact on your ability to access education.
4. That without this sponsorship there is no other way you could access an education.
5. That you will use any monies provided solely for the purposes outlined in this application which are towards the completion of your studies up to (and including) the level of a first Bachelor’s degree.
6. That you will provide 6-monthly progress reports, including evidence of your academic progress (results/reports on your studies) to the foundation.
7. That information about your sponsorship and story can be used by the Esther Education Foundation for advertising purposes (e.g. on the website).
8. You understand that you can request the use of a pseudonym in any advertising of your sponsorship and story if you do not want your identity to be revealed, and that you must provide this request to the Foundation in writing.
9. You understand that your funding can be revoked if you are found to be misusing funds or if you are not progressing satisfactorily through your course.
10. You have read and understood the terms and conditions for sponsorship and agree to uphold them.

**Name:**

**Signature: Date:**

*Please also complete below if applicant is under 18 years of age*

I confirm the above terms as the parent/legal guardian of the applicant

**Name of parent/legal guardian:**

**Signature: Date:**

Office Use Only:

Application Acceptance: ☐ YES (provide acceptance letter) ☐ NO (record reason below)

Reason for non-acceptance:

Application Processed: Date:

Applicant notified: ☐ Email ☐ Letter ☐ Other Date:

Please send completed forms via email to [EstherEdFoundation@gmail.com](mailto:EstherEdFoundation@gmail.com)

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