



Applicant Information

| | | | |
|--|-----------------------------------|---|-----------|
| Title: | First Name: | | |
| | Surname: | | |
| | Date of Birth: | | |
| Postal Address | | | |
| Street Address | | | |
| Suburb: | | State: | Postcode: |
| Residential Address | <input type="checkbox"/> As above | | |
| Street Address | | | |
| Suburb: | | State: | Postcode: |
| Contact Details | | | |
| Daytime Phone: | | Mobile: | |
| Email: | | | |
| Are you an Australian Citizen or Permanent Resident? | | <input type="checkbox"/> Australian Citizen | |
| | | <input type="checkbox"/> Permanent Resident | |
| How long have you been a resident of Townsville? | | | |



Academic History

| | | | |
|---|--|---|------------------------------|
| | | | Not applicable |
| School/ Educational Institution: | | | <input type="checkbox"/> |
| Course: | | | <input type="checkbox"/> |
| Score/Result: | | | <input type="checkbox"/> |
| School, Community and Leadership Roles: | | | <input type="checkbox"/> |
| Awards: | | | <input type="checkbox"/> |
| Are you a current school leaver? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Are you still at secondary school? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Do/ Did you have paid employment during high school? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Will/ Did you take a gap year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Will/ Were you employed during your gap year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Are you currently studying? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If yes, please select: | | <input type="checkbox"/> University <input type="checkbox"/> TAFE <input type="checkbox"/> Other: _____ | |
| | | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | |
| Course Details | | | |
| Name: | | | |
| Duration: | | | |
| % Completed To Date: | | | |

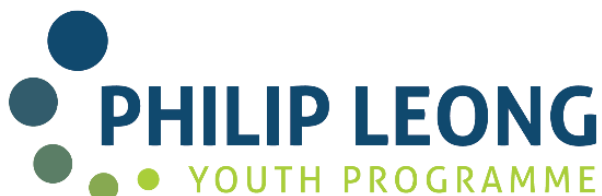


Type of Bursary

| | |
|---|--|
| Business Idea/Start Up* [1] | |
| Supporting Academic Study [2] | |
| <p>* Please include a copy of your business plan/idea if applicable</p> | |

[1] If you plan to submit a Business Idea or Startup, please ensure to include a copy of your business plan/idea with cash point projections and be sure to highlight any break even points. (If applicable)

[2] Ensure to include details in Educational Institution for your application to be considered



an initiative auspiced by the
Community Enterprise Foundation
Administered by Jigsaw Group

"Investing in tomorrow's business leaders"

Educational Institution for Academic Support*

* Only required for applications that wish to apply for a bursary to support their studies

| | | | |
|--|--|--|---------------------------------------|
| Preferred Provider | | | |
| Name of Course Provider | | | |
| Campus Location | | | |
| Name of Course | | | |
| Course Provider ABN | | | |
| Course Provider Mailing Address | | | |
| Street Address | | | |
| Suburb: | | State: | Postcode: |
| Intended Living Arrangements | | <input type="checkbox"/> Stay at Home | <input type="checkbox"/> Rent |
| | | <input type="checkbox"/> Campus | <input type="checkbox"/> Other: _____ |
| Have you applied for any other tertiary scholarships? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Expenses to be covered by scholarship | | <input type="checkbox"/> Accommodation: _____ <input type="checkbox"/> Course Cost: _____ <input type="checkbox"/> Travels: _____ <input type="checkbox"/> Tutoring: _____ <input type="checkbox"/> Text Books: _____ <input type="checkbox"/> Other: _____ | |
| Provider | | | |
| Total Amount of Annual Cost: | | | |
| How will the outcome of your studies assist the Townsville Community? | | | |
| When will the outcome of your studies assist the Townsville Community? | | | |
| <i>If you are submitting an academic study support proposal, please also include a brief overview of your study milestones in the next 3 years, and your capital contribution towards these costs.</i> | | | |



Tell us about your business idea!

| | |
|--|--|
| <p>A. Will this project be owned by you and/or others? What is your share?</p> | |
| <p>B. How do you propose to spend the bursary?</p> | |
| <p>C. How will your project/initiative assist the Townsville Community?</p> | |
| <p>D. When will your project/initiative assist the Townsville Community?</p> | |
| <p>E. Is there a Trademark/Patent/Logo for your idea? Is it registered?</p> | |
| <p>F. What costs have you paid to date on your project?</p> | |
| <p>G. When do you plan to launch your idea to the market?</p> | |
| <p>H. What are the results/feedback of your pre-launch testing to date? (Eg. Sales and Profits achieved to date).</p> | |
| <p>I. Describe the intended outcomes of your project after 5 years?</p> | |



"Investing in tomorrow's business leaders"

Tell us about yourself – All applicants to answer

Why would you struggle to fill your potential without this scholarship? How have you tried to fund your initiative to date?

Please keep responses below 200 words

Outline your achievements to date in your studies and extra-curricular activities as a potential leader that support your nomination:

Please keep responses below 150 words



an initiative auspiced by the
Community Enterprise Foundation
Administered by Jigsaw Group

"Investing in tomorrow's business leaders"

Tell us about yourself – All applicants to answer

What is your vision for future studies/innovation and how & when do you intend to realise your vision?

Please keep responses below 500 words

Please provide details of any financial assistance you have received in the last 5 years or currently receive:



an initiative auspiced by the
Community Enterprise Foundation
Administered by Jigsaw Group

"Investing in tomorrow's business leaders"

*If you are submitting a business proposal, please also include a brief overview of your business plan including:
unique selling proposition, marketing plan, business model, cash flow first 3 years, your capital contribution,
milestones years 1 to 3.*

Nominator / Referee

| | | | |
|------------------------------|--------|-----------|--|
| Name of Referee / Nominator: | | | |
| Relationship to Applicant: | | | |
| Daytime Phone: | | Mobile: | |
| Postal Address | | | |
| Street Address | | | |
| Suburb: | State: | Postcode: | |

Please send your completed form to:

Mail: The Advisory Committee

The Philip Leong Youth Programme

PO Box 3084 Hermit Park QLD 4812

Fax: 07 4721 3888

Email: applications@philipleong.com.au

Any concerns or questions, please contact:

Phone: 0419 659 284

Email: contact@philipleong.com.au