

Tertiary Scholarship Scheme Round Two 2026

Form Preview

Eligibility

* indicates a required field

Are you eligible to apply?

Please ensure that you have fully read the Guidelines before you proceed further

*

Yes No

Please read before completing application

Have you been a City of Rockingham resident for a minimum of three (3) years at the time of the application? *

Yes No

What date did you start living in the City of Rockingham?

Must be a date.

Are you aged 17 years or older at the time of the application? *

Yes No

Are you an Australian Citizen or Permanent Resident? *

Yes No

Do you currently meet the financial hardship eligibility criteria for the duration of the scholarship term? *

Yes No

Do you have at least two semesters (12 months) of study remaining? *

Yes No

Are you able to provide a letter of offer or evidence of current enrolment at a nationally recognised University or TAFE/VET provider (see definitions)? *

Yes No

Are you completing an Undergraduate University Degree and/or a TAFE/VET Diploma for the first time? *

Yes No

PLEASE NOTE: An existing qualification for a TAFE/VET Diploma does not preclude the person from applying for an Undergraduate University Scholarship.

Successful recipients are only eligible to receive one scholarship per scholarship category.

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Let's find out about you

* indicates a required field

New Section

Name *

First Name

Last Name

What is your date of birth? *

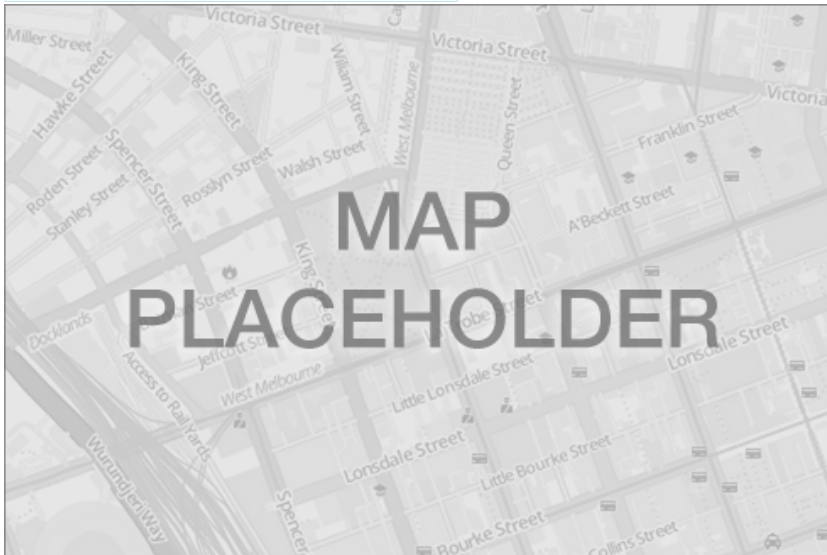
Must be a date.

Please upload your Proof of Age *

Attach a file:

Address *

Address



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Postal Address if different from above

Address

Have you been a resident of the City of Rockingham for a continuous period of at least three (3) years immediately prior to applying? *

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Yes

No

Applicants must provide at least one document from two different points in time spanning 3 years: *

Attach a file:

If you are unable to provide the above documents, you may submit a Statutory Declaration confirming your period of residency, supported by evidence from a parent/guardian or landlord.

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Please provide proof of your Bank Account details (can be a snippet of Bank details including name) *

Attach a file:

Please indicate your living status? *

If selected other please provide a short decription

What is the highest level of education that you have completed? *

Has anyone in your family completed a Tertiary Education? *

- Parent 1 TAFE
- Parent 1 University
- Parent 2 TAFE
- Parent 2 University

- Sibling(s) TAFE
- Sibling(s) University
- None of the above

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How involved are you in the local City of Rockingham community? *

- Member of local club or community group Volunteer with a local club or community group Volunteer in the community Attend local events

Please indicate how you meet the financial hardship criteria: *

- Health Care Card Support Payments (e.g. Austudy, Youth Allowance, ABSTUDY etc.) Pension or Tax Support through either Services Australia or Department of Veterans' Affairs

You must be in receipt of one of the above to be eligible

Please upload copy of proof for the above *

Attach a file:

Section: Course and Study Load Details

* indicates a required field

Which scholarship category are you applying for? *

- University Undergraduate Degree TAFE/VET Diploma

Title of the course *

Name of the institution *

Commencement Date *

Must be a date.

What is the estimated completion date of your course ?

Must be a date.

Are you currently enrolled or have you received an offer? *

- Currently enrolled and engaged in study Received an offer to study this semester

Please provide a letter of offer or evidence of current enrolment at a nationally recognised university or TAFE/VET provider. *

Attach a file:

Please specify your current enrolled study load: *

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Full time

Part time

What is the standard full time study load for your course, as defined by your education provider? (This is required even if you are currently studying part-time.)

Must be a number.

Example: 4 units per semester

How many units are you enrolled in? *

How many units per semester are you enrolled in

Number of semesters / trimesters remaining to complete your course: *

Must have a minimum of two (2) full semesters (12 months) of study remaining from the Tertiary Scholarship Scheme (TSS) round closing date

How will you fund your institution fees? *

- HECS/Student loan Personal savings Other scholarship Other:
 Regular income

If selected other please explain:

Career Aspirations

* indicates a required field

What career or occupation do you intend to pursue after completing your studies? *

Must be no more than 300 words.

- **How does your current course of study support or lead to this career pathway?**
- **What skills, knowledge, or qualifications do you hope to gain through your studies?**
- **How will achieving your career goals contribute to the community, workforce, or industry (locally, regionally, or more broadly)?**
- **Where possible, indicate your short-term goals (13 years) and long-term goals (5+ years).***

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How will completing this qualification assist you to achieve your career aspirations? *

Word count:

Must be no more than 300 words.

- **How this qualification will provide the skills, knowledge, or competencies required for your intended career**
- **Whether the qualification is required for professional accreditation, registration, or licensing**
- **How completing this qualification will improve your employment opportunities or career progression**
- **How the qualification links directly to the career goals described in the previous question**

Have you sought career advice? *

Yes

No

If you selected 'yes' who did you seek career guidance advice from?

For example School Career Councillor, University Careers Service

How do you envision contributing back to the Rockingham community upon completion of your studies? *

Word count:

This may include things such as volunteering, mentorship or participating in employment opportunities

- **How you intend to use your qualification, skills, or knowledge within the City of Rockingham**
- **Whether you plan to work locally, return to the area after graduation, or support the local workforce or industry**
- **Any intention to contribute through employment, volunteering, community service, or leadership**
- **How your contribution may benefit the community, local services, economy, or residents over the short or long term**

Declaration and Privacy Statement

* indicates a required field

Privacy Statement

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The City of Rockingham is collecting your personal information for the purpose of administering and assessing grant applications, including eligibility checks, assessment, monitoring, and reporting. It may also be used for secondary purposes which would be reasonably expected. Your personal information will not be disclosed to any other party without your consent unless required or authorised by law.

If you choose not to provide your personal information, we will not be able to assess your application or approve a reimbursement.

To access, correct or learn more about how we handle personal information please contact privacy@rockingham.wa.gov.au or visit rockingham.wa.gov.au/privacy.

By submitting this application, I declare and acknowledge that:

- I have read, understood, and agree to comply with the **Tertiary Scholarship Scheme Guidelines**, and I confirm that this application meets **all eligibility requirements** at the time of submission.
- I understand that applications which are **ineligible, incomplete, late, or do not comply with the Guidelines** will not be assessed and may be declined without further consideration.
- I declare that **all information provided in this application and any supporting documentation is true, correct, and complete** to the best of my knowledge.
- I acknowledge that **providing false, misleading, incomplete, or inaccurate information**, or submitting an application while knowingly ineligible, may result in the application being declined or, if already approved, the scholarship being **withdrawn**.
- I agree to **immediately notify the City of Rockingham in writing** if any information provided in this application changes, becomes incorrect, or is found to be misleading at any stage.
- I acknowledge and consent to the City of Rockingham **verifying information provided in this application**, including through internal records or third-party checks, for the purpose of assessing eligibility and compliance with the Scheme.

I confirm that the information provided is true and correct, and that I have read, understood and agree to the Privacy Statement and Declaration above *

Yes

Please tick to confirm