



Mentor Support Network Scholarship Agreement

I, _____ by accepting a Mentor Support Network (MSN) scholarship agree to:

1. Attend school/educational institution regularly and advise MSN about any irregular attendance.
2. Immediately advise MSN should I leave my educational institution during the year.
3. Use the scholarship for education related expenses approved by MSN and outlined in the scholarship claims guidelines.
4. Provide MSN of my details including name, address, telephone number, school/educational institution and bank account details. If there are changes to these details, I will advise MSN of these changes.
5. Provide MSN with receipts for all purchases prior to receiving payment (in some instances quotations prior to purchase may be accepted – talk to us first).
6. Return equipment purchased through the scholarship should I drop out or cease education for any reason thought unreasonable by MSN.
7. Consider opportunities to participate in MSN activities and events.

I understand that if I do not comply with these requirements my scholarship may be terminated.

As the provider of the scholarship MSN will:

1. Make scholarship payments when receipts or quotations are presented.
2. Maintain contact with you throughout the year and be available to advise and answer questions.
3. Invite you to appropriate MSN programme activities and events.
4. Keep your information private and confidential unless either: we are required by law to disclose it; you give us permission to discuss it with another party; or you agree to share your achievements with others through MSN publicity.
5. Respond to your feedback, including complaints, and provide an opportunity for you to appeal any decision related to your MSN scholarship.

MSN and I agree that the providing of the scholarship is a benefit provided for my maintenance, education and advancement in life.

Name _____ Signed _____ Date _____

Witness name _____ Signed _____ Date _____



**Mentor Support Network Scholarship
Parent or Guardian Consent**

Please only complete if the award recipient is under 18 years of age

I am the parent or legal guardian of _____

student name

I consent to the Mentor Support Network:

1. Collecting personal information about me and my child for the purpose of administering the award.
2. Disclosing personal information about me and my child to third parties who provide services and support to the award, including members of the Mentor Support Network and my child's school.
3. Using personal information about me and my child for the purpose of evaluating the scholarship program, and related purposes.
4. Utilising photographs of my child taken during their involvement in the program and waive all rights of compensation.

Name _____

Date _____

Signature _____



**Mentor Support Network Scholarship
Parent or Guardian Consent**

Please only complete if the award recipient is over 18 years of age

I consent to the Mentor Support Network:

1. Collecting personal information about me for the purpose of administering the award.
2. Disclosing personal information about me to third parties who provide services and support to the Award, including members of the Mentor Support Network and my school or education institution.
3. Using personal information about me for the purpose of evaluating the scholarship program, and related purposes.
4. Utilising photographs of me taken during my involvement in the program and waive all rights of compensation.

Name _____

Date _____

Signature _____

***Mentor Support Network (MSN) is the trading name of
Hunter Youth Mentor Collaborative
ABN 38 598 711 205***