

The Jennifer Munyard Scholarship Application Form



About the Scholarship

The Jennifer Munyard Scholarship provides girls and boys who have experienced significant trauma the opportunity to be educated in a safe learning environment at Maranatha Christian School.

Jennifer Munyard was a highly regarded Secondary School Teacher and a Pastoral Care Leader at Maranatha from 2009 to 2017. She was deeply loved and respected by her students, peers and the Community. Sadly, Jen passed away. She is remembered as a selfless woman who had an incredible heart for others especially vulnerable children. The contribution she made as an educator and the future educational opportunities that will flourish through this Scholarship will enable her legacy to live on.

Criteria for awarding scholarship

The purpose of the Jennifer Munyard Scholarship is to provide financial support to students who have experienced significant trauma, and who would not otherwise be able to afford a Christian education. The selection panel will assess the potential an education at Maranatha will make a difference in the life of such a child.

How to apply

Applications for the scholarship should be forwarded by post or email to the **Registrar**. The following attachments must be included:

- Jennifer Munyard Scholarship Application Form
- Two most recent tax returns
- Report either from Psychologist, Paediatrician, Church Minister, Social Worker or other specialists, to support this application, verifying that the student meets criteria of experiencing significant trauma (this report will be treated highly confidentially).

Please provide the information as requested below:

Student Details for Scholarship Program	
Given Names	Surname
Gender (please indicate ✓) Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth / /
Year of Commencement 20 ____	Year Level (eg Year 7)
Born in Australia (please indicate ✓) Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If no, please state country of birth</i>	Australian Citizen (please indicate ✓) Yes <input type="checkbox"/> No <input type="checkbox"/>
Current School	Current Year Level

Mother/Guardian Details	Father/Guardian Details
Please indicate <input checked="" type="checkbox"/> Title Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Rev/Pastor <input type="checkbox"/>	Please indicate <input checked="" type="checkbox"/> Title Mr <input type="checkbox"/> Dr <input type="checkbox"/> Rev/Pastor <input type="checkbox"/>
Surname	Surname
Given Names	Given Names
Home Phone No.	Home Phone No.
Mobile Phone No.	Mobile Phone No.
Email Address _____	Email Address _____
Home Address Please indicate <input checked="" type="checkbox"/> if student lives here <input type="checkbox"/>	Home Address (complete only if different) Please indicate <input checked="" type="checkbox"/> if student lives here <input type="checkbox"/>
Postcode	Postcode
Church Connection	Church Connection (if different)
<input type="checkbox"/> I am part of a Christian church community	<input type="checkbox"/> I am part of a Christian church community
Name of church community	Name of church community
<input type="checkbox"/> I am not part of a Christian church community	<input type="checkbox"/> I am not part of a Christian church community
Maranatha Connection (if applicable)	Maranatha Connection (if applicable)
Past Staff Member <input type="checkbox"/>	Past Staff Member <input type="checkbox"/>
Past Maranatha Student <input type="checkbox"/> Maiden Name if applicable _____	Past Maranatha Student <input type="checkbox"/>
Supporting Documents	
<input type="checkbox"/> Two most recent tax returns <input type="checkbox"/> Report from either Psychologist, Paediatrician, Church Minister, Social Worker or other specialists, to support this application, verifying that the student meets criteria of experiencing significant trauma (this report will be treated highly confidentially).	
Signatures	
By signing this form, you agree to Maranatha contacting the student's current school for further details if necessary.	
<div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> Signature of Mother/Guardian Name <input style="width: 80%;" type="text"/> Date <input style="width: 30%;" type="text"/>	<div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> Signature of Father/Guardian Name <input style="width: 80%;" type="text"/> Date <input style="width: 30%;" type="text"/>
<p>Please return the completed application form along with supporting documentation to</p> <p>The Registrar Maranatha Christian School 104-108 Reema Blvd Endeavour Hills Victoria 3802</p> <p>registrar@maranatha.vic.edu.au</p> <p>For further information call 9709 7217</p>	