

BETTER HEARING AUSTRALIA Scholarship Program 2018

Please mark your chosen postgraduate study: Masters Graduate Diploma

Graduate Certificate

Applicant Name

University Course

IMPORTANT INFORMATION

- Information that you provide on this Application Form and in the additional requested documents is the only information that will be considered in the selection and ranking process.
- It is very important that you make sure that you have provided all of the relevant information for each selection on this form.
- The number of Scholarships awarded is subject to available funds.
- For the purpose of taxation, money from the Scholarship scheme may be considered as income. Please seek advice from your Accountant.

APPLICATION FORM INSTRUCTIONS

- The application is to be completed electronically by saving the populated form as a PDF and submitting via email.
- All supporting documentation is to be scanned and attached to the email with the application form.
- Paper copies will only be accepted if the application form has been electronically populated and hand signed.
- Do not send originals of any supporting documentation requested, as these documents will not be returned to you.
- Your application form should be accompanied by the additional documents referred to be below and in the correct order.
- Read this Application Form and the separate Guidelines carefully before filling in the Application Form.
- Answer all questions on the Application Form.

ADDITIONAL INFORMATION REQUIRED

The following additional information is required as part of your application or the Better Hearing Australia Scholarship. Please attach these documents to your Application Form in the following order:

1. A 750 word summary detailing:
 - Your hearing loss;
 - The impact your hearing loss has had on your life;
 - How you would use the scholarship funds;
 - How these funds would change your everyday experience.
2. Curriculum Vitae
3. Certified copy of your Birth Certificate and / or Passport
4. Evidence of current residential address.

APPLICATIONS MUST BE RECEIVED BY BHA 5PM 31 JANUARY 2018

SECTION A APPLICANT DETAILS

Correspondence will be sent primarily via email to personal addresses. Please ensure that you have provided the correct details.

Personal Details

Title Mr Mrs Ms Miss
 Other

First Given Name

Second Given Name

Surname

Date of Birth

Telephone Mobile
Telephone Home

Email Address (personal)

Address Details

Home address – Please include correct mailing address for correspondence

Street Address

City

State and Postcode

Is this your permanent residential address? Yes No

If no, what is your permanent residential address?

Employment Details

Current Employer

Address

City, State and Postcode

Telephone (work)

Email Address (work)

Position Held

Period of Employment

Citizenship

Title Yes No

Aboriginal / Torres Strait Islander

Do you identify yourself as: Aboriginal Torres Strait Islander

Previous Funding

Have you previously received funding
From another Scholarship or Grant
program? Yes No

If yes:

Name of previous Scholarship / Grant

Duration of Funding (start and finish date)

Amount received \$

SECTION B EDUCATION DETAILS

Post Graduate Education 2018 Course

University

Length of Course

Do you intend to study:

Previous Qualifications Completed Full Time Part Time

Course

University

Year Completed

SECTION C REFERENCES

Two written references must be provided:

- Referee 1 must be from your current employer, i.e. Direct supervisor, manager or CEO
- Referee 2 must be a personal reference, i.e. non relative

Referee 1 (Employer)

Full Name

Relationship to Applicant

Contact Number

Email Address

Referee 2 (Personal)

Full Name

Relationship to Applicant

Contact Number

Email Address

SECTION D DECLARATION

I have read and understood the Better Hearing Australia Scholarship Guidelines.

I declare that the information supplied by me in this application is true and correct.

I authorize Better Hearing Australia to seek details from the tertiary institution at which I am enrolled.

Name of Applicant

Signature of Applicant

Date

Signature of Witness

Address of Witness

Date

SECTION E SUBMISSION

Send completed application and information to:

Nationalbhamichele@gmail.com

Ms Michele Barry
National President
PO Box 24
GLENROY VIC 3046