

Application
Sir Charles Bright Scholarship Trust

Family Name: _____

Given Name: _____

Address: _____

Postcode: _____

Should you change your address between application and interview please advise.

Phone: _____

Email: _____

Gender: _____

Age: _____ Date of Birth: _____

Where are (or will) you be studying:

- Adelaide University
- Flinders University
- University of South Australia (UniSA)
- TAFE SA
- Other institute (*please detail*) _____

General category of your disability, mental health or medical condition:

- hearing impairment
- learning disability
- mobility impairment
- vision impairment
- medical condition
- mental health condition
- Other (*please detail*) _____

1 Nature and degree of your disability, mental health or medical condition
Verification may be requested

2 How does your disability, mental health or medical condition impact on you and your studies?

3 What difficulties, if any, do you have with transport or mobility?

4 What difficulties, if any, do you have with reading, writing, or communication?

5 Details of any hobbies or interests or community work.

6 Where are (or will be) you be studying

ie UniSA, Adelaide University, Flinders University, TAFE SA etc

7 What are or will you be studying?

*i.e. Certificate II in community services, Cert IV in accounting, Diploma of counselling
Bachelor of Arts, Law, Graduate Diploma in nursing, MBA, PhD etc*

8 How long is the course and when will you (or when did you) start it?

i.e. 6 months and starting in February this year (2017) ; 3 years started last year in 2016

Why are you taking this course?

9 Please provide brief details of your relevant academic achievements

i.e. high school results, results of your course to date, other courses undertaken.

10 Please explain why receiving the scholarship would support you to study?

11 Please detail your most recent employment (*paid or volunteer*).

12 Please provide brief details of your financial commitments.

13 Please provide brief details of any income in the last twelve months.

14 What support do you receive from family or spouse?

15 What responsibilities do you have to other members of your family?

16 Briefly describe your life to date and what you see yourself doing in five to ten years.

- I would be available to participate in publicity for the scholarship
- In the event that your application is successful, do you give permission for relevant details of your disability to be disclosed at the public presentation of your scholarship

How did you find out about the scholarship?

- | | |
|--|--|
| <input type="checkbox"/> 1197am RPH Adelaide | <input type="checkbox"/> Daily newspaper |
| <input type="checkbox"/> University | <input type="checkbox"/> Disability Agency |
| <input type="checkbox"/> Link Magazine | <input type="checkbox"/> Poster |
| <input type="checkbox"/> Told | <input type="checkbox"/> Other _____ |

Names, addresses, and phone numbers of (2) two referees.

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

NOTES

Please read carefully

PLEASE ANSWER ALL QUESTIONS IN THE SAME ORDER AS THIS APPLICATION.

Successful applicants are required to sign an undertaking to provide a progress report.

Please advise the Chairperson should you decide not to continue your course in the year of the scholarship as a refund of the appropriate part of the scholarship would be anticipated.

Hand written applications will not be accepted.

The Trustees require 6 copies of any hard copy application made by mail.
Only one (1) copy of an electronic application need be provided.

Please have someone check the application before you submit it.

Grants are received from the Royal Society for the Blind, the Guide Dogs Association of SA & NT, The Paraplegic and Quadriplegic Association, Arts SA, Brain Foundation, Multiple Sclerosis Society of SA & NT, local Rotary and Lions Clubs and Vision Australia (1197AM 5RPH) Adelaide.

In 2016, 13 scholarships were presented.

Please submit an application if you think you qualify and let the Trustees decide.

To submit your application, when completed, please email **one copy** this form to:
rosemarypenn@bigpond.com

Applications for 2017 are now closed.