## ROTARY CLUB OF VICTOR HARBOR DR FRED HEDDLE SCHOLARSHIP APPLICATION FORM

All Information disclosed in this application will be treated confidentially. Please complete this form in your own handwriting

| THE APPLICANT:                      |
|-------------------------------------|
| Full name:                          |
| Date of Birth:                      |
| Postal address:                     |
| Residential address (if different): |
| Telephone:                          |
| Mobile:                             |
| Email:                              |

Explain your connection to the area of City of Victor Harbor, District Council of Yankalilla or Alexandrina Council.

Which course of education at a recognised educational institution do you intend to enroll in:-

Institution:\_\_\_\_\_

Term to completion: \_\_\_\_\_years

APPLICATION FORM Page 2

List clubs or organisations of which you are a current member, if any:-

\_\_\_\_\_

Applicant's educational history:-(Please attach academic results for the past two years)

Secondary School:

Tertiary Institution:

Current year level:

Explain why you are applying for this Scholarship.

APPLICATION FORM Page 3

## **REFEREES**:

Referees should have knowledge of the applicant's home situation, character, academic motivation and ambitions. Please attach a letter of referral from each referee.

| First referee:           |
|--------------------------|
| Name:                    |
| Address:                 |
| Relationship:            |
| Phone:                   |
| Email:                   |
|                          |
|                          |
| 2 <sup>nd</sup> referee: |
| Name:                    |
| Address:                 |
| Relationship:            |
| Phone:                   |
| Email:                   |

APPLICATION FORM Page 4

## DECLARATION:

The information I have provided in this application is true and correct.

If I am awarded this scholarship I accept the conditions outlined by the Rotary Club of Victor Harbor Dr Fred Heddle Scholarship Brochure.

I am aware that my school, tertiary institution, sporting or other associations where I am a member may be contacted by the assessors of this scholarship to enquire about my suitability.

I consent to assessors communicating with my parents/guardians.

| Father/Guardian Name:        |
|------------------------------|
| Address:                     |
| Phone:                       |
| Email:                       |
|                              |
| Mother/Guardian Name:        |
| Address:                     |
| Phone:                       |
| Email:                       |
|                              |
| Applicant's Signature:       |
| Date:                        |
|                              |
| Signature of Parent/Guardian |
| Date:                        |

This application may be emailed to, secretary@rotaryvictorharbor.org.au

Or posted to The Secretary, Rotary Club of Victor Harbor, PO Box 213 Victor Harbor SA 5211