Sir Charles Bright Scholarship Trust

Application - 2020

**PLEASE NOTE:** Applications must be typed - handwritten applications will not be accepted.

Family Name:

Given Name:

Address:

Postcode:

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

Phone (mobile):

Email:

Gender:

Date of Birth:

**Where are (or will) you be studying? (Must be in South Australia):**

Adelaide University

Flinders University

University of South Australia (UniSA)

TAFE SA

Other institute *(please detail)*

**When will (or did) you start your study:**

**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)*

**PLEASE NOTE**

Please **do not attach** any appendices or copies of private information related to your personal circumstances (such as verification of your disability, or financial status, or your year 12 results etc) If the Trust would like further information about any aspect of your application then we will contact you.

**Nature and degree of your disability, mental health or medical condition**

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

**What are or will you be studying?**

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

**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 (2020) or 3 years started last year in 2018*

**Why are you taking this course and what do you hope to achieve by undertaking this study?**

**Please provide brief details of your relevant academic achievements**

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

**Please explain how receiving the scholarship will support you to study?**

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

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

*including if you have received any other scholarships.*

**Details of any hobbies or interests or community work.**

**Briefly describe what you see yourself doing in five to ten years and how your studies have enabled you to reach this goal.**

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 and to be available to participate in publicity for the scholarship?

 Yes

 No

How did you find out about the scholarship?

 Facebook page  Daily newspaper

 University or TAFE  Disability Agency

 Link Magazine  Poster

 Told  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applications for 2020 close 5.00pm on Friday 20 December 2019.**

To submit your application, when completed, please email this form to: [scbscholarship@gmail.com](mailto:scbscholarship@gmail.com)

Enquiries to David Penn

Email: [scbscholarship@gmail.com](mailto:scbscholarship@gmail.com)