

# MAX SCHOBER MEMORIAL SCHOLARSHIP APPLICATION FORM

FAMILY NAME:	.....
GIVEN NAMES:	.....
DATE OF BIRTH:	SEX:: Male / Female (please circle)
PHONE CONTACT:	TIME LIVING IN NT
HOME ADDRESS:	.....
	.....
	.....
POSTAL ADDRESS:	.....
	.....
	.....
EMAIL ADDRESS	.....
PRESENT SCHOOL:	.....
INTENDED SCHOOL FOR 2010:	.....

SUBJECTS STUDIED THIS YEAR WITH GRADES ACHIEVED:
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SPORTS:
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INTERESTS OR HOBBIES:
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<p>APPLICANT'S CAREER GOALS:</p>          <p>FAMILY INCOME 2008/2009: (Please attach evidence)</p>	<p>FAMILY MEMBERS: (Including ages of children not in full time employment)</p>          
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ANY CIRCUMSTANCES OF WHICH YOU WOULD LIKE THE TRUSTEES TO BE AWARE:

AGREEMENT BY PARENT OR GUARDIAN:

I agree to my child ..... applying for the Max Schober Scholarship and, if he/she is successful, will abide by the conditions of the award.

Signed: .....

Date: .....

Please submit this completed form BY POST together with:

- a reference from the applicant's current school;
- evidence of family income for 2008/2009;
- a letter, hand written by the applicant to the Secretary stating how the scholarship would assist with the candidate's future plans, to:

The Secretary  
 Max Schober Memorial Scholarship Pty Ltd  
 PO Box 40417  
 CASUARIN NT 0811

by FRIDAY 27 NOVEMBER 2009