

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/COLLEGE FOR 2011:
SUBJECTS STUDIED THIS YEAR WITH GRADES ACHIEVED:	
SPORTS:	
INTERESTS OR HOBBIES:	

<p>APPLICANT'S CAREER GOALS:</p> <p>FAMILY INCOME 2009/2010: (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 2009/2010;
- a letter from the applicant's parent or guardian in support of the application OR confirmation from the school that the applicant is an independent student;
- 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 26 NOVEMBER 2010