





headspace Warrnambool Scholarship Application Form

Please read the scholarship guidelines carefully before completing this form.

| About you Name | | DOB | DOB | |
|--|-------|-------|--------|--------------------|
| | | | | |
| Postal Address | | | | |
| | | | | |
| Mobile Number | Email | | | |
| | | | | |
| Name & contact phone number for someone who can be a referee for your application | | | | |
| | | | | |
| Name of course you are enrolled in or applying for | | | | |
| | | | | |
| Please circle which institution you are enrolling at; SW | | /TAFE | or | Deakin Warrnambool |
| Will the course take 2 years or more to complete? | | | Yes/No | |
| Have you ever been in contact with headspace Warrnambool services? (including GP) Yes/No | | | | |
| Are you receiving any other scholarship assistance? | | | Yes/No | |
| Are you a permanent resident of Australia? | | | Yes/No | |

Selection Criteria

Please provide clear and concise responses to the following questions on a separate page, up to 100 words per question. The information you provide will be used to allocate the scholarships.

- 1. How important is the scholarship fund to help you to commence and complete your study?
- 2. How have you demonstrated overcoming health problems or other disadvantages and striving to succeed?
- 3. What employment prospects are there from your course in South West Victoria?
- 4. Do you hope to stay in this region when you finish your course? Why?

Completed applications can be submitted in person or by post to Michael Hoffman, Community Awareness and Engagement Coordinator, headspace Warrnambool, 210 Timor Street Warrnambool, Vic 3280, or by email to mhoffman@brophy.org.au

Applications close March 1, 2017.

Applicants shortlisted will be asked to participate in a short interview to finalise the selection process.







Thanks for applying. Good luck with your study.