



REAL FUTURES FOUNDATION

YOUTH PROGRAMS THAT WORK

Soldiers Point Marina Scholarship Application

CLOSING DATE: FRIDAY 30TH JUNE 2017

CHECKLIST:

- ❖ Complete all parts of this form.
- ❖ Attach supporting documents where applicable.
- ❖ Do not send any original documents with your application - Copies only.
- ❖ Provide written references.
- ❖ Sign and date the form.
- ❖ Keep one full photocopy of your application and attachments for your reference.

NOTE:

- ❖ Late applications or applications which are incomplete will not be accepted.
- ❖ Applications will be short listed based on your commitment to career goal and other relevant information provided in your application.
- ❖ Those short-listed may be invited to attend an interview.
- ❖ Applicants must be an Australian citizen or an Australian permanent resident.

MAILING ADDRESS:

- ❖ Soldiers Point Marina, PO Box 493, Salamander Bay NSW 2317

PRIVACY:

- ❖ The personal information you supply on this form will be used to assess your eligibility for scholarships.
- ❖ Successful applicants may be named in Real Futures Foundation publications and promotional material.



Soldiers Point Marina Scholarship Application

PART A - PERSONAL DETAILS:

| | | | |
|-------------|---------------------------------------------------------------|---------|-----|
| Surname: | | | |
| First Name: | | | |
| Address: | | | |
| Email: | | | |
| Phone: | | Mobile: | |
| Sex: | <input type="checkbox"/> Male <input type="checkbox"/> Female | D.O.B. | / / |

PART B - EDUCATION DETAILS:

| What is the highest level of education you have successfully completed? | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------|
| <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 10 or equivalent | |
| <input type="checkbox"/> Year 11 or equivalent | <input type="checkbox"/> Year 9 or below | |
| Current School: | | |
| Current Year | | |
| List any other course(s) you have completed or in which you are currently enrolled. (Attach evidence of previous and current education and training). | | |
| Course Name | State/Country | Year Finished |
| | | |
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| | | |
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PART C - APPLICANT STATEMENT:

Name of Course / Apprenticeship / Traineeship you are applying for (or have commenced):

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.....

Full time Part-time Preferred College to study at:

Do you meet the entry requirements of this course? Yes No

Have you commenced this course? Yes No

In 250 words or less, explain the reason(s) why you chose this Course, Traineeship or Apprenticeship. Include an itemised account of what you would use the scholarship funds for eg course fees, study materials etc....

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PART D - REFERENCES:

Please list below and provide two written references to support your application e.g. Teacher or Mentor.

| | |
|---|--|
| 1 | |
| 2 | |

PART E - DECLARATION:

I declare that the information supplied by me on this form and attached documents is complete, true and correct.

I accept that Soldiers Point Marina are under no obligation to consider me for any scholarship for which I have not lodged an application.

I authorise the release of this application and supporting documents to appropriate persons associated with Soldiers Point Marina for the purpose of a selection process and any relevant administrative processes. I accept that the selection panels' decision is final and no further correspondence can be entered into.

I agree to abide by Soldiers Point Marinas conditions of course regulations and rules where applicable.

I am aware that there are severe penalties for providing false or misleading information and that I may be required to repay monies received to which I am not entitled.

I understand that I am not eligible for this scholarship if I am not successful in gaining a position in the nominated course, traineeship or apprenticeship as listed on this application.

Applicant Signature

Witness or Guardian Signature

Applicant Name

Witness or Guardian Name (if under 18)

Date

Date

FOR OFFICE USE ONLY

Date Received: / /

Interview: Yes No