

Catherine Bonnes AM

Scholarship

Application Form

All questions must be answered and supporting documentation provided in order to be considered eligible.

Personal Details:

Family Name: _____ Given Name: _____

Address: _____

Postcode: _____

Phone (Home): _____

Mobile: _____

Email: _____

Sex: Male Female

Date of Birth: _____

Non- binary Prefer not to say

➤ I am an Australian citizen Yes No OR hold permanent resident status Yes No

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➤ I am (tick appropriate boxes)

- Signing Deaf Yes No
- Hard of hearing / oral deaf Yes No
- From a rural remote area Yes No
- An indigenous person Yes No
- From a non-English speaking background Yes No

➤ My hearing loss is:

Right	Left
Profound	Profound
Severe	Severe
Moderate	Moderate
Cochlear implant	Cochlear implant

➤ I can provide supporting documentation on all the above information required Yes No

➤ I would be willing to participate in publicity for the scholarship Yes No

➤ Names, addresses and phone numbers of 2 referees.

1. Name: _____

Address: _____

Phone: _____

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2. Name: _____

Address: _____

Phone: _____

➤ **Funding use:**

- Tuition
- Textbooks
- Computer/laptop/software
- Other

Please specify:

➤ **My involvement in the deaf or hard of hearing community has been:**

Signed: _____ **Date:** _____