

**Application**  
**Sir Charles Bright Scholarship Trust**

**Personal Details**

Family Name: \_\_\_\_\_

Given Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Should you change your address between application and interview please advise.

Phone (day): \_\_\_\_\_

Phone (A.H): \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nature and degree of disability (a medical certificate may be requested)

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In which way does your disability hamper your studies?

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What difficulties, if any, do you have with transport or mobility?

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What difficulties, if any, do you have with reading, writing and communication?

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What difficulties, if any, do you have accessing or using a computer?

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Details of any hobbies or interests.

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I would be available to participate in publicity for the scholarship

How did you find out about the scholarship?

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|--|--|
| <input type="checkbox"/> 1197am RPH Adelaide | <input type="checkbox"/> Daily newspaper   |
| <input type="checkbox"/> University          | <input type="checkbox"/> Disability Agency |
| <input type="checkbox"/> Link Magazine       | <input type="checkbox"/> Poster            |
| <input type="checkbox"/> Told                | <input type="checkbox"/> Other _____       |

Names, addresses and phone numbers of 2 referees.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Please forward FIVE copies of any medical certificate you believe may be helpful.

## Academic Details

Please provide details of your academic achievements (i.e. high school results and other courses undertaken). Any further results should be submitted by January 10th (FIVE copies).

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Name of course and institution you intend to enrol in for 2007 (or alternatives).

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What is your purpose in taking this course?

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Proposed length of course and progress to date.

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## Financial Details

Please detail your most recent employment.

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Details of your financial commitments.

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Details of income in the last twelve months.

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What support do you receive from family or spouse?

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What responsibilities do you have to other members of your family?

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Please detail how you would use the scholarship.

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Please describe your life to date and what you see yourself doing in five to ten years.

Successful applicants are required to sign an undertaking to provide a progress report.

Please advise the Chairperson should you decide not to continue your course in the year of the scholarship as a refund of the appropriate part of the scholarship would be anticipated.

## **NOTES**

**Please read carefully**

PLEASE ANSWER ALL QUESTIONS IN THE SAME ORDER AS THIS APPLICATION.

Hand written applications may not be accepted.

The Trustees require 5 copies of any application made by mail. Only 1 copy of an electronic application need be provided.

Please have someone check the application before you submit it. Grants are received from RPH Adelaide Incorporated, the Royal Society for the Blind, the Guide Dogs Association of SA & NT, The Paraplegic and Quadriplegic Association the SA Deaf Society, Arts SA, Multiple Sclerosis Society of SA & NT and the Brain Foundation (SA).

In 2006, 18 scholarships were presented.

Please submit an application if you think you qualify and let the Trustees decide.

To submit your application, when completed, please fax this form to: 08 8231 1764.