



SCHOLARSHIP APPLICATION FORM

1. Surname:.....Given Names.....
2. Private address
- Postcode.....
- Telephone No.....
3. N.S.W. Lactation College Membership No.....
4. Employer.....
5. Employer's address.....
- Postcode..... Telephone No.....
- Present Classification.....
6. Outline of Present position.....
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7. Please attach a type written curriculum vitae showing details of professional and academic qualifications and past experience in lactation and other health areas.

8. Please supply details of any past scholarships received from any organisation
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 9. Have you currently applied for financial assistance for any other Source for the proposed undertaking? Yes.....No.....
 10. Please attach typed submission stating concisely your reasons for applying for 'funds', the nature and scope of your project/research. Outline how this project/research will benefit yourself and your profession and how you hope to apply the knowledge gained.
 10. Please attach an itemised list of expenditure involved in this undertaking.
 11. I.....Give permission to the executive of the N.S. W.Lactation College to make further enquires and/or request my attendance at an interview in relation to this application.
- Signed.....

PLEASE SUPPLY TWO COPIES OF THIS FORM AND ALL OTHER DOCUMENTATION.

Forward application to The N.S.W. Lactation College.

OFFICE USE ONLY

Date of Postage

Date of Receipt... ..

Financial Status... ..

Membership date... ..

Documentation complete... ..

Interview required... ..

Interview date... ..

Additional information
Requested... ..

Scholarship recommended... ..

Amount granted... ..

Applicant notified... ..

Agreement signed... ..

Monies paid... ..

Report received... ..