Dr Louisa Alessandri Memorial Fund Scholarship

Application Form

Closing date for applications – Wednesday, 30 September 2020

There is no limit on the length of your responses to the questions below. If additional space is needed for some questions, please add extra pages.

APPLICANT'S CONTACT DETAILS:

Dr / Mr / Mrs / Ms / Other: _____ Date of Birth: _____

Given Name: _____ Surname: _____

Mailing Address: _____

_____ Postcode: _____

Home Phone: _____ Mobile: _____

Email: _____

Important Information - Applicants are requested to:

- **Address all eligibility criteria**
- **Provide written references from two referees who are not family relatives**
- **Identify how the funds will be used if successful**

Referees and references
Only persons who know the applicant personally or professionally but are not family relatives may act as referees. References should be prepared using the attached Referee Form and submitted with the application.

Eligibility Criteria
Applicants must satisfy the following criteria:

1. Have a physical disability, or a visual or hearing impairment, and provide a statement describing how the disability impacts on his/her ability to undertake study.
2. Be able to demonstrate a strong commitment to an area of study that can lead to a possible career path in the future.
3. Be currently enrolled in study with a recognised institution (please attach evidence of enrolment).
4. Have successfully completed at least one semester of relevant tertiary or postsecondary study (please attach copies of academic results).
5. Have demonstrated leadership qualities and community involvement.
6. Be under 40 years of age at the close of applications on 30 September 2020.
7. Be an Australian citizen and reside in Western Australia.

1. Please describe your disability and how it affects your day-to-day life, particularly your ability to undertake study:

2. Briefly state your chosen area of study and your career aspirations:

3. Name the course in which you are currently enrolled, the name of the institution, and attach evidence of current enrolment:

4. Provide evidence of results to date (full statement of academic record):

5. Describe your extra-curricular interests, particularly any initiatives or demonstrated leadership in community activities:

6. Are you an Australian citizen and do you reside in WA? Yes ☐

Use of funds

The purpose of the scholarship is to assist a student to achieve his or her career aspirations. Funds may be used for a variety of purposes, including course fees, equipment, support, interpreters, transport, etc.

Briefly describe how you would use the funds:

The Dr Louisa Alessandri Memorial Fund Scholarship Committee reserves the right not to award the scholarship in any given year.

Dr Louisa Alessandri Memorial Fund Scholarship

Referee Form

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Referees

Only persons who know the applicant personally or professionally but are not family relatives may act as referees. Please use this Referee Form and address the criteria listed below. There is no limit on the length of responses.

APPLICANT'S NAME: _____

REFEREE CONTACT DETAILS:

Dr / Mr / Mrs / Ms / Miss / Other: _____

Given Name: _____

Surname: _____

Contact Phone: _____ (Work) _____ (A/H)

Mobile: _____

Applicants must satisfy the following criteria:

1. Have a physical disability, or a visual or hearing impairment, and provide a statement describing how the disability impacts on his/her ability to undertake study.
2. Demonstrate a strong commitment to an area of study that can lead to a possible career path in the future.
3. Be currently enrolled in study with a recognised institution. Evidence of enrolment to be attached.
4. Have successfully completed at least one semester of relevant tertiary or postsecondary study. Copies of academic results to be attached.
5. Have demonstrated leadership qualities and community involvement.
6. Be under 40 years of age at the close of applications on 30 September 2020.
7. Be an Australian citizen and reside in Western Australia.

There is no limit on the length of your responses to the questions below. If additional space is needed, please add extra pages.

1. What is your relationship to the applicant?

2. How long have you known the applicant?

3. Please comment on the applicant's chosen area of study and its relevance to a possible future career.

4. How do the applicant's interests and activities contribute to the community?

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Checklist

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In submitting this application, have you:

	Please tick
Indicated how you will use the funds?	Yes ___
Addressed each eligibility criterion?	Yes ___
Attached copies of qualifications/results?	Yes ___
Attached evidence of current enrolment?	Yes ___
Attached two references?	Yes ___

Please submit your application either by post or by email:

(1) By post to:

Linda Watson
WA Register of Developmental Anomalies – CP
King Edward Memorial Hospital
PO Box 134
Subiaco WA 6904

OR

(2) Scan (or convert to PDF file) and email to:

Linda.Watson@telethonkids.org.au