



PALLOTTINE ABORIGINAL SCHOLARSHIP TRUST

SCHOLARSHIP APPLICATION FORM – first time applicants

please complete, sign and email / mail to ray.h@pallottine.org.au

PALLOTTINE ABORIGINAL SCHOLARSHIP TRUST
60 Fifth Ave
ROSSMOYNE WA 6148

PERSONAL DETAILS

FAMILY NAME _____

FIRST AND MIDDLE NAMES _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

HOME ADDRESS _____

POSTAL ADDRESS _____

CONTACT DETAILS

MOBILE _____

EMAIL _____

TO WHICH TRADITIONAL OWNER'S GROUP /
LANGUAGE GROUP DO YOU BELONG? _____

EDUCATION / EMPLOYMENT

SECONDARY SCHOOL ATTENDED _____

CALENDAR YEAR LAST ATTENDED _____

LEVEL ACHIEVED _____

[as applicable]

POST-SCHOOL EMPLOYMENT _____

CURRENT EMPLOYMENT _____

POST-SCHOOL STUDY [COLL / UNIV'Y] _____

+ DEGREES/LEVELS ACHIEVED _____

+ YEAR ACHIEVED _____

PERSONAL STATEMENT

on a *separate* page please detail [300-400 words]

- your areas of career interest and future goals you see yourself aiming for?
- your likely ongoing second degree
- how you see your final degree benefiting yourself and the Aboriginal community

DECLARATION

I declare as follows:

- that I have personally completed this application
- that the responses provided are, to the best of my knowledge, true and accurate
- that, should I receive a grant, I will meet the conditions imposed in regard to providing Semester reports and attending the Award presentation,
- that I undertake to advise the Trust on completion of my course, and to cooperate as far as possible in supporting its ongoing outreach to the Aboriginal community

SIGNATURE OF APPLICANT _____

DATE _____