



Partnering with community in the Moreton Bay Region

SCHOLARSHIP FUNDING APPLICATION FORM

1. APPLICANT DETAILS

SURNAME: _____ FIRST NAME: _____
 PAYROLL NUMBER: _____ CLASSIFICATION: _____
 POSITION TITLE: _____ UNIT: _____
 FACILITY / SERVICE: _____

2. CONTACT DETAILS

WORK PHONE: _____ OTHER PHONE: _____
 MAILING ADDRESS: _____
 APPLICANT SIGNATURE: _____ DATE: _____

3. PROPOSED CATEGORY OF SCHOLARSHIP

IF APPLYING FOR UNDERGRADUATE; POST GRADUATE STUDIES; CERTIFICATE/CONTINUING EDUCATION PROGRAM, PROVIDE INFORMATION OF ACADEMIC STUDIES AND MODE OF PROPOSED STUDY (Internal, External/Distance Education, Flexible, Residential)

- | | |
|--|---|
| <input type="checkbox"/> CERTIFICATE STUDIES | <input type="checkbox"/> FULL-TIME STUDY |
| <input type="checkbox"/> UNDERGRADUATE STUDIES | <input type="checkbox"/> PART-TIME STUDY OF _____ HOURS |
| <input type="checkbox"/> POST GRADUATE STUDIES | OTHER, LIST _____ |

4. EDUCATION PROGRAM

EDUCATION PROGRAM: _____
 INSTITUTION: _____
 LOCATION: _____
 DURATION OF PROGRAM: _____
 MODE OF STUDY: _____
 QUALIFICATION / CREDITS TO BE GIVEN UPON SUCCESSFUL COMPLETION: _____
 OTHER RECENT EDUCATION STUDIES ATTENDED: _____
 PLAN TO DISSEMINATE INFORMATION OBTAINED: _____
 HAVE YOU RECEIVED OR APPLIED FOR ANY OTHER FUNDING TOWARDS THIS STUDY? YES
 NO



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5. PROPOSED BUDGET FOR THIS PROGRAM

ENROLMENT COSTS	
COURSE MATERIALS	
OTHER, PLEASE LIST	
TOTAL	

6. AMOUNT REQUESTED IN THIS APPLICATION

ENROLMENT COSTS	
COURSE MATERIALS	
TOTAL	

THE REDCLIFFE HOSPITAL FOUNDATION WILL ONLY FUND TUITION, ENROLMENT COSTS AND OTHER COSTS THAT CAN BE PAID DIRECTLY TO THE EDUCATION INSTITUTION OF THE APPLICANT.

7. PROPOSED COMMITMENT TO HEALTH CARE DELIVERY IN THE REDCLIFFE-CABOOLTUE HEALTH SERVICES DISTRICT.

8 REFEREES

REFEREE 1	REFEREE 2

9 DECLARATION BY APPLICANT

I have read and understood the funding conditions attached to this grant and agree to abide by those conditions.

SIGNATURE: _____

NAME: _____ DATE: _____

10 DETAILS OF APPLICANT'S LINE MANAGER/SUPERVISOR

LINE MANAGER/SUPERVISOR'S NAME: _____

POSITION: _____ CONTACT NUMBER: _____

11 ENDORSEMENT BY APPLICANT'S EXECUTIVE MEMBER

SIGNATURE: _____ DATE: _____

NAME: _____ DESIGNATION: _____

12 ENDORSEMENT BY EXECUTIVE DIRECTOR

SIGNATURE: _____ DATE: _____

NAME: _____ ENDORSED / NOT ENDORSED

13 FOUNDATION APPROVAL

SIGNATURE: _____ DATE: _____

NAME: _____ DESIGNATION: _____

AMOUNT AWARDED: _____

APPLICANT NOTIFIED DATE: _____ INVOICE PAYABLE TO: _____

PAYMENT TYPE: CHEQUE ELECTRONIC FUNDS TRANSFER DATE: _____