



## Allied Health Tertiary Education Scholarship Program

### **Scholarship Application Form**

If written application is not the most appropriate method of submission, please contact Kids+ to discuss alternative arrangements.

Please send completed application form with any relevant supporting documents to [shauncannon@kidsplus.org.au](mailto:shauncannon@kidsplus.org.au)

### **Applicant details:**

First Name:

Last Name:

Date of Birth:

Email:

Contact number:

Period of involvement with Kids+ as a client (years):

### **Other contact person (if required):**

First Name:

Last Name:

Relationship to applicant:

Email:

Contact number:

### **Course Enrolment Details**

Name and level of course (e.g. degree, diploma, certificate):

Education institution:

Course duration:

Commencement date:

Full-time or Part-time:

Confirmation of enrolment (please attach):



Allied Health  
Tertiary Education  
Scholarship Program

**Referee**

First Name:

Last Name:

Contact number:

Relationship to applicant:

**Personal Story**

Part 1: What you like us to know about you? (up to 250 words)

Part 2: Why are you interested in undertaking this area of study? (up to 250 words)