

# Catherine Bonnes AM

## Scholarship

### Application Form

*All questions must be answered and supporting documentation provided in order to be considered eligible.*

Personal Details:

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Sex:  Male  Female

Date of Birth: \_\_\_\_\_

Non- binary  Prefer not to say

➤ I am an Australian citizen  Yes  No OR hold permanent resident status  Yes  No

# Catherine Bonnes AM

## Scholarship

➤ I am (tick appropriate boxes)

- Signing Deaf  Yes  No
- Hard of hearing / oral deaf  Yes  No
- From a rural remote area  Yes  No
- An indigenous person  Yes  No
- From a non-English speaking background  Yes  No

➤ My hearing loss is:

Right	Left
Profound	Profound
Severe	Severe
Moderate	Moderate
Cochlear implant	Cochlear implant

➤ I can provide supporting documentation on all the above information required  Yes  No

➤ I would be willing to participate in publicity for the scholarship  Yes  No

➤ Names, addresses and phone numbers of 2 referees.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

# Catherine Bonnes AM

## Scholarship

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

➤ **Funding use:**

- Tuition
- Textbooks
- Computer/laptop/software
- Other

Please specify:

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➤ **My involvement in the deaf or hard of hearing community has been:**

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**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_