

CONFIDENTIAL

C.B.ALEXANDER FOUNDATION

JEAN WILSON ALEXANDER MEMORIAL SCHOLARSHIP

Please note that the award of the scholarship will be decided by the College Principal and members of the Advisory Council. This will be on the basis of this written application.

Surname: _____ **Other Names:** _____ **Title:** _____
(optional)

Age: _____ **Date of Birth:** _____

Address (home): _____

_____ **Postcode:** _____ **Phone:** _____

Email: _____ **Fax:** _____

Address (work): _____

_____ **Postcode:** _____ **Phone:** _____

Years at Tocal: _____

Course/s completed (attach copies of academic record):

**Other educational activities eg. Degrees, diplomas, certificates, short courses attended etc.
(Please attach details if space insufficient):**

Date	Name	Topics etc.

Employment History:

From	To	Employer	Position held & description of main duties & responsibilities

Description of activity for which support is sought

(Please give thorough of the activity and explain how it fits in with your career plans)

Name of activity: _____

Description: _____

How it fits in with career plans: _____

Financial circumstances (Attach extra page if necessary)

The Trust Deed clearly specified that the financial circumstances of the applicant be considered in awarding the scholarship.

Income (Please indicate your estimated income from all sources for the coming year):

Total: _____

Expenses (Please indicate your estimated expenses for the coming year including living, travel, fees and other expenditure):

Total Expenses: _____

Certification

I, _____ certify the information contained in the application is correct.

Signed

Date

Please post to: The Secretary, C.B. Alexander Foundation, Tocal Road Paterson NSW 2421