

# Broken Hill & District Hearing Resource Centre Inc.

## Catherine Bonnes AM Scholarship

### Application Form 2018



*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:** \_\_\_\_\_

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

➤ I am (tick appropriate boxes)

- |  |  |
|--|--|
| • Signing Deaf                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Hard of hearing / oral deaf            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • From a rural remote area               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • An indigenous person                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • From a non-English speaking background | <input type="checkbox"/> Yes <input type="checkbox"/> No |

➤ **My hearing loss is:**

<u>Right</u>	<u>Left</u>
Profound	Profound
Severe	Severe
Moderate	Moderate
Cochlear implant	Cochlear

- I can provide supporting documentation on all the above information required
- 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:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Phone:** \_\_\_\_\_

➤ **Funding use:**

- Tuition
- Text books
- Computer/laptop/software
- Other

Please specify:

\_\_\_\_\_  
\_\_\_\_\_

- My involvement in the Deaf or hard of hearing community has been:

\_\_\_\_\_  
\_\_\_\_\_

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