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| --- |
| **NAME:** |
| **ADDRESS:** |
|  | **POSTCODE:** |
| **PHONE NO. AT HOME:** |  |
| **PHONE NO. AT WORK** |  |
| **FAX NUMBER:** |  |
| **MOBILE NO.** |  |
| **EMAIL ADDRESS:** |  |
| **NAATI LEVEL:** | **YEAR ATTAINED:** | **NAATI NO.** |
| **NUMBER OF YEARS OF ASLIA MEMBERSHIP:** |  |

|  |  |
| --- | --- |
| **TITLE OF COURSE/TRAINING:** |  |
| **INSTITUTION NAME:** |  |
| **INSTITUTION ADDRESS:** |  |
| **INSTITUTION PHONE:** |  |
| **DATE OF COMMENCEMENT:** |  |
| **RECEIPT NO.: (to be attached)** |  |

|  |  |
| --- | --- |
| **Have you applied for or received funding from an alternate source for this course?** |  **YES NO** |
| **If YES, how much has been received? and** **From where have you received this funding?** |  |
| **Have you received funding from ASLIA VIC in the past?** |  **YES NO** |
| **If YES, please provide details:**  |  |

**Please provide a written explanation (MAX 250 words) as to why you think you should receive this JML Scholarship. (please complete this in a separate document and attach with your application).**

**AGREEMENT:**

1. I certify that the information provided in this application is accurate to the best of my knowledge.
2. I agree to abide by the conditions set down in this application.
3. I agree to notify ASLIA VIC immediately if my circumstances change, whereas I have to defer or cancel my studies.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note: Applications open on January 1st of each year and close on 31st March of each year. Applications will not be accepted after this date. Applicants will receive notification of their application (successful or unsuccessful) within 4 weeks from the closing date. If successful the applicant will receive the funds within 2 weeks of the signing the Scholarship acceptance.

Please forward complete application form to info@asliavic.com.au