# education encouragement Grant

#  student NOMINATION Form

**Please read and comply with the Deafness Foundation Guidelines**

 **for Education Encouragement Grant.**

**Completed applications MUST be typed on this form (not handwritten) and lodged by email to** **management@deafness.org.au** **on or before 31 October**

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| --- |
| **1 OVERVIEW SUMMARY** |
| **1.1 NOMINEE DETAILS** |
| **Name of person nominated** |  |
| Age |  | Date of Birth |  |
| Address (include State & Postcode) |  |
| Telephone – Voice |  |
| Mobile  |  | Do you prefer Voice or Text? |  |
| Email |  |
| Preferred Method of Contact |  |
| Are you a Permanent Resident of Australia? *Please answer Yes or No* |  |
| **1.2 SCHOOL OR EDUCATIONAL INSTITUTION CURRENTLY ATTENDING** |
| Name of School or Educational Institution |  |
| Current Year Level (as at October, 2022) |  | Year Level in 2023 |  |
| Studies currently being undertaken |  |
| Highest Level of Education |  |
| **1.3 NOMINATOR DETAILS** |
| Applicant has been nominated by: |  |
| Relationship to Applicant |  |
| Contact Telephone Number | Mobile |  | Business |  |
| Email Contact: |  |
| Do you prefer SMS or Voice for Mobile? |  |
| **1.4 SIGNATURES**  |
| **Signature of Nominee** |  | Date |  |
| **Signature of Nominator** |  | Date |  |

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**PLEASE ENSURE YOU INCLUDE THE FOLLOWING WITH THIS APPLICATION:**

1. Requirement: Most recent Audiogram or Statement of Cochlear Implant use
2. Also Check: Both Applicant and Nominator have signed in Section 1 and all sections are completed.

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| **2 NOMINEE TO COMPLETE** (Section 2 is to be no more than 2 typed pages and must be a minimum of Size 10.5 Font). |
| **2.1 Where did you hear about this grant?** |
|  |
| **2.2 Why should the Selection Panel choose you for a grant?**  |
|  |
| **2.3 How will the grant assist you?** |
|  |
| **2.4 Please share with us how you contribute to your school and community?** |
|  |
| **2.5 Please note below what your ambitions are for your future career, etc?** |
|  |

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| **3 NOMINATOR TO COMPLETE** Nominator must be willing to be contacted to add further information if requested by the Selection Committee  |
| **NAME** |  |
| **3.1 How long have you known the applicant?** |
|  |
| **3.2 How do you see the applicant benefiting from the grant?** |
|  |
| **3.3 How does the applicant contribute to the school and community?** |
|  |
| **3.4 Additional Comments** |
|  |
| **Please ensure as Nominator that you sign on Page 1 of this application** |

***6. Consent***

I have read the guidelines and have had the opportunity to ask the Deafness Foundation further questions I may have had. I understand that my participation in this process is voluntary.

If I have any concerns or complaints regarding this application, I can contact management@deafness.org.au.

The contents of this document are true and correct

I hereby give permission for Deafness Foundation to use my application for promotional or educational purposes in either publications or on Deafness Foundation website or on social media.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**management@deafness.org.au**

**on or before 31 October**

END OF FORM

Deafness Foundation (56 005 053 510 ) recognises the importance of your privacy and respects your right to control how your personal information is collected and used. This privacy policy is aligned with the Australian Privacy Principles as set out in the Privacy Act 1988 (Cth) (**Privacy Act**) and describes the way that we may collect, hold and disclose personal information.

Updated June 2022