

KENNETH W TRIBE FELLOWSHIP FUND



APPLICATION FORM

How did you find out about this fund?

Website Family/Friends Social Media Word of Mouth Others:

Applicant Information

Full name:

Date of birth:

Street address:

Postal address: Tick if same as above

Best daytime number: Please tick one Voice SMS

Email address:

Preferred method of communication: Please tick one Voice SMS Email Post

Please attach a copy of your audiogram/written evidence of your hearing loss Audiogram attached Yes

Course Information

Course name:

College/institution:

Address:

Contact person: Daytime number:

How long is the course? When does the course start?

What will you study in your course?

What benefits will you gain from doing the course?

What benefits will flow to the community?

Cost of Course Information

Expenditure - how much will the course cost? (eg study fees, books, interpreters, notetakers)

Please list all items below:

Items	Cost

Total cost of course: (Item A)

Sources of other financial assistance (eg other organisations, governments) Please list funding below:

Funding	Cost

Total financial assistance: (Item B)

How much will you contribute from your own resources? (Item C)

How much will you raise from other means? Please provide details below:

Other means	Cost

Total other means: (Item D)

Summary of expenses (from above):

Item A	\$
Item B	\$
Item C	\$
Item D	\$
Amount of funding sought from the Kenneth W Tribe Fellowship Fund	\$

Additional Documents

Please list each additional page or document forming part of this application:

Past Fellowship

Have you previously been awarded a Kenneth W Tribe Fellowship Fund? Yes No

If YES: Year the grant was received:

Amount of grant: \$

Course name:

College/institution:

Declaration

I hereby declare that I understand and will abide by the conditions of the Kenneth W Tribe Fellowship Fund and that the information provided on this application form is correct.

I have attached three written references and proof of enrolment and academic transcript (if applicable) supporting my application.

Signature of applicant:

Date:

Please return this form to:

The Deaf Society
PO Box 1300
PARRAMATTA NSW 2124
or info@deafsociety.com



FOR OFFICE USE ONLY

Date received:

Approved amount:

\$