

# TERTIARY 3-YEAR SCHOLARSHIP PROGRAM



## Application Form

Community & Public Sector Union  
SPSF Group • Victorian Branch

### Applicant Detail

#### Name

(enter name as shown in identification documents)

First:

Middle:

Last/family name:

Date of Birth:     /     /

Gender: M      F

#### Parent/Guardian

(where the application is on behalf of a members child)

First:

Last:

#### Membership

(CPSU membership detail)

#### Address

(current residential address)

Membership Number:

Joined Date:     /     /

Street:

Town/City :

State:

Postcode:

#### Postal Address

(if different than residential address)

#### Contact Numbers

Home (after hours):

Business:

Fax:

Email:

#### Institute & Course

Institution conducting course:

Name of course:

Subjects being undertaken (list at least three subjects that will form major area of study)

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I hereby apply for the CPSU (SPSF Group) Victorian Branch Scholarship and agree to the Terms and Conditions that apply to the said Scholarship and agree to comply in relation to this application to any directions given by the Victorian Branch Secretary

Applicant Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Parent/Guardian (if applicable) signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Send the completed form no later than Friday 31 March 2017 marked **Private and Confidential** to:  
Karen Batt CPSU SPSF Group Victorian Branch PO Box 24233, Bourke Street Melbourne, VIC 3001