

Geoff Fethers Education Fund Application Form

(Please Print or Type)

Full Name:

Address:

Contact Details

Ph: _____ Email _____

Name Address and Phone number of Parent/ Guardian:

If under 18 years of age

Name

Address

Ph: _____ Email _____

What course are you undertaking?

At which Educational Institution?

What Specific Subject will be undertaken during the year of the Grant?

What Pre-Requisites did you achieve to gain entrance into the course you are planning to undertake?

Budget for the Grant:

Please enter itemized detail of what you will use the funds for and how much each item will cost.

Item Description	Cost

Total Grant Requested: _____

Referee

Please note that the Referee must be a well known member of the Victorian Deaf community. He or she will be contacted and requested to attest to your involvement in the Deaf community

Name

Address

Ph: _____ Email _____

Have you received grant/funding from other sources for this course?

Yes No

If Yes, please give details
