



NOMINATION FORM

Use this form only/ NO attachments/ please ensure you read and understand the guidelines.

Important – nominate one scholarship region only.

Riverland / Murraylands / Limestone Coast

DETAILS OF NOMINATED YOUNG PERSON

Name _____

Age _____ Female Male

Usual contact address (must be within one of the regions nominated above)

Contact telephone number _____

School/ Tertiary Institution (where nominee attends or proposes to attend during the next 12 months)

NOMINATOR DETAILS

A young person must be nominated by a representative of a community organisation or government department/agency

Title / Position _____

Name _____

Organisation _____

Address _____

Phone (work) _____ Mobile _____

Fax _____ Email _____

Relationship to the nominee (ie support worker, counselor, teacher)

How long have you known the nominee? _____ months/year

Please provide brief personal background of the young person

- Current Living Situation

- Family Situation

Please outline how the scholarship funds and support provided over the next 12 months would assist the young person if their nomination is successful.

- Outline their education/ training goals in the next 12 months and for the future

- State how they may struggle to fulfill their goals without this scholarship

- Identify the need for financial and personal support

Please outline any achievements of the young person to date which you feel support the nomination. This could include academic, sporting, public achievements but may also include personal achievement ie dealing with a tragedy, overcoming serious illness etc.

Please provide a brief outline of any financial assistance the young person currently received from government, non-government agencies of other sources and any financial assistance including other scholarships which are anticipated in the next 12 months.

NOMINEE (YOUNG PERSON) TO COMPLETE THIS QUESTION

Please briefly outline your future hope or desire in life e.g. education, work, personal life
NB: this must be completed by the young person to be an eligible application, unless they cannot write and if so please explain that.

NOMINATOR AND NOMINEE DECLARATION

We declare that to the best of our knowledge the information supplied on this form is true and correct.

We declare that should the nominee's circumstances change (financial, contact details, personal circumstances etc) ac.care will be informed in writing immediately.

I declare that as nominee I am an Australian citizen or permanent resident of Australia.

We understand that the decision of the selection panel is final and there is no appeal process.

We declare that we have read the information provided on this form and the Scholarship guidelines and that we understand and agree to the nomination and conditions.

NOMINATOR

_____	_____
Signature	Date

NOMINEE or Guardian

_____	_____
Signature	Date

Application not accepted unless both Nominator and Nominee have signed.

Nominations must be posted, faxed or emailed to the Marketing and Communications Manager prior to 5pm on the closing date.

ac.care PO Box 1842 Mount Gambier SA 5290

Fax 08 8725 5087

Email anne@accare.org.au