



GREGORY & DOLORES FARRELL SCHOLARSHIPS

SpineCare Foundation
1 Fennell Street
North Parramatta NSW 2151

Phone: (02) 9890 0959

Postal Address: PO Box 4055 Parramatta NSW 2124

Closing Date: Friday 3 February 2017

Administered by the SpineCare Foundation, a Division of Northcott. The SpineCare Foundation is a charity registered in New South Wales (CFN10864).

GREGORY & DOLORES FARRELL SCHOLARSHIP

STUDENT APPLICATION FORM

NOTE: Please complete this form by printing in black pen or by typing your responses.

Ensure a copy of your most recent university enrolment and/or results (if applicable) is attached to this application.

Your application will be treated as confidential.

1.	YOUR PERSONAL DETAILS
Surnam	e:

Surname:		First Names:	
Address:	Street:		
Suburb:		State:	Postcode:
Phone:		Mobile:	
Email:			
Male/Female		Date of birth:	
What is your dis	sability?		
How do you thir	nk your disability could present ch	nallenges for you during	your tertiary studies?
What is your ye	ar of study? (e.g. Year 12 / 1 st ye	ear uni)	
	ttending a school / university this dy? (e.g. Year 10)	year, when are where d	id you last attend and what was

Are you an Australian citizen or permanent resident? Y N
What is the first language spoken in your home?
2. YOUR ACADEMIC PERFORMANCE
Describe your school / university performance during the past 12 months (if you were not at school university during the last year, describe the last 12 months that you were studying).
Name the subjects you usually did best in. How satisfied are you with your results?

Describe any problems that you encountered with your studies, and any areas of strong performance.

3. YOUR STUDY AND CAREER PLANS

a)	Are you currently at a university? Y	N
	If you answered YES, give the name and address	s of the university:
	Please specify the course and year of the course UAS/TER SCORE (if known):	in which you are enrolled (e.g. Arts, 1 st Year):
	Degrees already held:	
b)	Have you already applied for a place at a univers	ity for 2017 Y N
	If YES, give the name and address of the univers	ity:
c)	If you answered NO to the above questions (a enrolling at a university.) and (b) write below what plans you have for
	Name of University:	
	What course(s) you are considering enrolling in:	
	How long is the course?	Years
	When does the course commence?	

d)		Describe the career path you have planned, or are interested in, when you have completed your university education.
	4.	YOUR MOTIVATION
a)		Describe how important it is to you that you receive this opportunity to pursue tertiary study.
b)		Why do you think you should be considered for a Gregory and Dolores Farrell Scholarship?

5. YOUR STRATEGIES FOR SUCCESS

	scribe dies?		importa	ant o	qualiti	es,	attitu	ıdes	and	stra	itegie	es y	ou f	feel	you	need	to	succe	ed in	your	tertiary
	6.	YOU	JR US	E 0	FTH	IE S	СН	OLA	RSI	HIP	FUN	NDS	3								
a)	If yo	ou are sport,	e award praction	led a	a sch ssista	olars ance	ship, e, tex	how t boo	/ wou oks,	uld y equi	ou r pmei	makent ne	e us eeds	se o	f the	fund	s? (e.g. c	ompu	uter so	oftware,
b)	Do y	∕ou re	eceive s	supp	ort fro	om a	any o	ther	soul	rces	in th	ne w	ay c	of ac	com	moda	tion	, trans	sport,	, or fui	nding?
c)	Are educ	you cation	in rece ? (Plea	eipt ase p	or ha	ave le de	appli etails	ed f	or, f	inan	cial	assi	istar	nce	from	othe	er o	rganis	ation	s for	tertiary

7. YOUR PERSONAL INTERESTS

Deso activ	cribe <i>i</i> ities.	your	personal	achieveme	nts a	and	/ (or	hobbies,	general	interests,	social	activities,	leisure
	0 V	OUE	REFER	EEQ										
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Plea	ise gi ise er	sure	at least or	ne referee is	s fam	iliar	witl	h y	our acad	emic per	formance.	ii oi eii	ipioyment	related.
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1)	Nam	e:												
	Phor	ne:												
	Mobi	le:												
	Ema	il Add	ress:											
2)	Nam	e:												
	Phor	.o.												
	PIIOI	ie.												
	Mobi	le:												
	Ema	il Add	ress:											

You may wish to include more information than the application allows. If so, please attach any extra pages to the back of this application form.

CONDITIONS OF SCHOLARSHIP

- Scholarships are only for students who use a wheelchair for mobility, who are Australian citizens
 and who have been accepted into a university course in NSW or are currently enrolled in one.
 Students who are proceeding to a higher degree are also eligible, as are students who have been
 accepted for post-graduate study in Australia and overseas.
- 2. Applications must be lodged by the close of business on **Friday 3 February 2017** to the address below. Applications may be posted or e-mailed.
- 3. The successful applicants will be chosen by a Selection Committee. If placed on a short list, it may be necessary for applicants to attend an interview in Sydney in mid-February 2017.
- 4. Successful applicants will be advised in the first week of March 2017.
- 5. As a condition of the scholarship, it will be necessary for the successful students to submit mid-year and end of year results, as well as a report on how the scholarship funds have been spent.
- 6. Funding has been made available for one year only, subject to review for further assistance, but successful applicants may reapply for future years. Unallocated funds at the end of the scholarship year will need to be returned.

The information provided on this application form, to the best of my knowledge, is correct and I agree to abide by the conditions outlined above.

Signature:	Date:

Ensure a copy of your most recent university enrolment and/or results (if applicable) is attached to this application form.

MAIL YOUR APPLICATION TO:
Deanna Mooney – SpineCare Coordinator
Gregory and Dolores Farrell Scholarships
C/- Northcott
PO Box 4055
PARRAMATTA NSW 2124

Email: deanna.mooney@northcott.com.au

Enquiries: (02) 9890 0959

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