



## Scholarship Application Form

**1. How did you find out about the Kenneth W Tribe Fellowship Fund Scholarship?**

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**2. Please provide the following personal details:**

Your full name: \_\_\_\_\_

Your street address: \_\_\_\_\_

Your postal address: \_\_\_\_\_

Your phone number: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Mobile: \_\_\_\_\_  SMS only  Voice and SMS

Your email address: \_\_\_\_\_

Your date of birth: \_\_\_\_\_

**3. Please attach a copy of your audiogram / written evidence of your hearing loss.**

Audiogram attached?  Yes

**4. Please provide the following details about your course:**

Course name: \_\_\_\_\_

College / institution: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person: \_\_\_\_\_

Their phone number: \_\_\_\_\_

How long is the course?: \_\_\_\_\_

**5. What will you study in your course?**

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6. What benefits will you gain from doing the course?

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7. What benefits will flow to the Deaf Community?

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8. When does this course start?

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9. Have you previously been awarded a Kenneth W Tribe Fellowship Fund Scholarship?

Yes  No

If YES: Year the grant was received: \_\_\_\_\_

Amount of grant: \$ \_\_\_\_\_

Course name: \_\_\_\_\_

College / institution: \_\_\_\_\_

10. Please provide the following information about the cost of your course:

a. Expenditure – how much will the course cost? Please list all items below:  
(eg study fees, books, interpreters, notetakers)

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Total cost of course: \$ \_\_\_\_\_ (Item a)

b. Sources of other financial assistance –  
Please list funding you have received from other organisations / Government.

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Total financial assistance:                      \$ \_\_\_\_\_                      **(Item b)**

c. How much will you contribute from  
your own resources?                      \$ \_\_\_\_\_                      **(Item c)**

d. How much will you raise from other means? Please provide details.

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Total from other means:                      \$ \_\_\_\_\_                      **(Item d)**

e. Summary of expenses (from above):

\$ \_\_\_\_\_                      **(Item a)**

\$ \_\_\_\_\_                      **(Item b)**

\$ \_\_\_\_\_                      **(Item c)**

\$ \_\_\_\_\_                      **(Item d)**

**Amount of grant sought from the  
Kenneth W Tribe Fellowship Fund:**

\$ \_\_\_\_\_

**TOTAL:**

\$ \_\_\_\_\_

## 11. Additional documents

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

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## 12. Declaration

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

I have attached three written references supporting my application.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date received:                      /                      /

Approved amount: \$