





MATHS SCHOLARSHIP APPLICATION FORM

ABOUT YOU:		
Name /Surname	Date and place of birth	
Gender		
Languages spoken other than English	Address /Phone Number /Email	
Languages spoken other than English	Address / Phone Number / Email	
In your own words, how would a scholarship impact your stud	dies and help you to achieve your goals?	
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Please describe current family situation and reason for hardsh	nip. Do you or your guardians hold of any of the following:	
AB Study, Health Care Card, Youth Allowance?		7
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there anything we should know about you that will make yo ligious or gender-related concerns or preferences.	our time with TfEM more comfortable? This could be cultural,
hat is your ambition for the future? Do you have any other	talents or interests that would halp us get to know you?
his could be anything; art, music, sport, activism, passions e	tc.) Please use additional pages if necessary.
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YOUR PARENT OR GUARDIAN:	
Name /Surname	
Relationship to Applicant	
Please tick box above to agree to the terms and conditions of TIfEM Maths Scholarship as outlined on our website	Address /Phone Number /Email
Date and Signature	
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MATHS SCHOLARSHIP NOMINATION FORM

Name of Applicant	Name and Title of Nominator
Applicant Educational Establishment	Nominator Educational Establishment and Position

Applicant Year Level

How would you rate the applicants maths capabilities?

Does the applicant have any other talents that we should know about?





Please answer the following questions about the applicant's a	attendance and work habits.	
Is the applicant's attendance at least 90%? (yes or no)	Are at least 80% of the applicant's work habits rated as 'very good' or 'excellent' (or equivalent)? (yes or no)	
If no, can the absenteeism be explained? (please provide details)	If no, can the poor work habits be explained? (provide details)	
Please provide further information on why you believe this to	alent should be supported with a scholarship.	
YOUR DETAILS		
Name /Surname		
Relationship to Applicant		
	a •	
	Contact details /Phone Number /Email	P
Date and Signature		6
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