

APPLICATION FOR A GIFTED STUDENT'S GRANT

Applicant's name: .....

Date of Birth.....

If Applicant is under 21 please provide details on parents.

Parents' names: Mother: ..... Father: .....

Parents' occupations: Mother: ..... Father:

.....

Total number of children in family: .....

Address

.....

State: ..... Post Code: ..... Tel: ..... EMail:

.....

Educational Institution/Course of study attended:

.....

Mensa member: Yes No

Disability [ ] Yes [ ] No

Details

PURPOSE OF THE GRANT

How will the grant be used to advance the applicant's study? (Please specify, attach additional documents if required):

.....

.....

Estimated cost of above

.....

Would the applicant undertake this without the grant? [ ] Yes [ ] No [ ] Possibly

If not, why not?

.....

.....

.....

Are there particular circumstances of economic hardship in the family?

.....

If yes, please attach evidence of such.

DECLARATION:

*All information given in conjunction with this application is true to the best of my knowledge*

Signature of parent, guardian or applicant:..... Date:

.....

If under 18 -Name of parent/guardian

(please print).....

Signature : ..... Date: .....

This application include evidence that the applicant is intellectually gifted.

Photocopies ONLY of legal documents should be enclosed with the application. Send to: Australian Mensa Gifted Children's Bull Bequest, PO Box 2155, Byron Bay 2481