



"We Share"

# QUOTA South Pacific Area Scholarships for Work in the Fields of Speech and Hearing

The Secretary  
Q.S.P.A. Scholarship  
P.O. Box 337  
Richmond, Victoria 3121, Australia

*Celebrating 30 Years of QUOTA Scholarships 1981–2011*

## Application Form

Applications only accepted between 1<sup>st</sup> August and 30<sup>th</sup> December 2010 (Please submit in triplicate [not required if submitting electronically])

### Personal Details

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Present Occupation: \_\_\_\_\_

Name & Address of Present Employer:

\_\_\_\_\_  
\_\_\_\_\_

Previous Positions Held:

\_\_\_\_\_  
\_\_\_\_\_

### Educational Qualifications

Secondary School Standard Reached: \_\_\_\_\_

Certificates/ Diplomas/ Degree Issuing Institution:

\_\_\_\_\_  
\_\_\_\_\_

### Study Project

(Please attach Complete Details)

Area of Interest – Brief Summary:

\_\_\_\_\_  
\_\_\_\_\_



**Proposed Study Program**

(Please attach Complete Details including an estimated budget- candidates are advised to consult a recognised travel agent for advice)

**Brief Summary:**

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**Allowances**

Will you receive any income during the period of study other than that provided by the Scholarship?

**Yes**                       **No**

If **Yes**,

Indicate source and duration of income, e.g. leave with pay

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**Outcome of Study Project**

Please state how the knowledge and experience gained as a result of your proposed study programme will be used on your return home.

**Brief Summary:** (Please attach details)

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## References

Please hand the enclosed sheets marked **CONFIDENTIAL** to the appropriate referees for mailing.

- A. A community leader for a character reference
- B. Professional engaged in the field of work in which you are currently engaged.
- C. A person who could support your actual proposed area of study.

Applicants are also requested to enclose a recent medical certificate.

## Statement by Applicant

I certify that information given in this application is complete and accurate to the best of my knowledge. If successful, I will submit a report to the committee stating what I gained professionally and in the interests of speech and hearing from the experience.

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

*The decision of the committee shall be final; no correspondence shall be entered into.*

Please indicate where you found out about this scholarship:

- Internet
- Professional Publication
- QUOTA Newsletter
- Other (Please specify) \_\_\_\_\_





