

TERTIARY 3-YEAR SCHOLARSHIP PROGRAM



Community & Public Sector Union
SPSF Group • Victorian Branch

Application Form

Applicant Detail

Name

(enter name as shown in identification documents)

First:

Middle:

Last/family name:

Date of Birth: / /

Gender: M F

Parent/Guardian

(where the application is on behalf of a members child)

First:

Last:

Membership

(CPSU membership detail)

Membership Number:

Joined Date: / /

Address

(current residential address)

Street:

Town/City :

State:

Postcode:

Postal Address

(if different than residential address)

Contact Numbers

Home (after hours):

Business:

Fax:

Email:

Institute & Course

Institution conducting course:

Name of course:

Subjects being undertaken (list at least three subjects that will form major area of study)

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I hereby apply for the CPSU (SPSF Group) Victorian Branch Scholarship and agree to the Terms and Conditions that apply to the said Scholarship and agree to comply in relation to this application to any directions given by the Victorian Branch Secretary

Applicant Signature _____ Date: ___ / ___ / ___ Parent/Guardian (if applicable) signature _____ Date: ___ / ___ / ___

Send the completed form no later than Friday 26 March 2010 marked **Private and Confidential** to:
Pam Spencer CPSU SPSF Group Victoria PO Box 4355, Cremorne, 3121