

 **www.deafnesscouncilwa.org.au**

**Deafness Council WA**

**Quadrant Energy**

 **Scholarship**

 **2017**

***APPLICATION FORM***

NAME OF INDIVIDUAL OR ORGANISATION:

ADDRESS:

DATE OF BIRTH:

DATE ORGANISATION ESTABLISHED;

CONTACT DETAILS:

Ph:

Mob:

Email:

HEARING LOSS OF INDIVIDUAL OR ORGANISATIONS MEMBERS:

(When and how acquired)

(Loss in one or both ears?)

ORGANISATION CHARTER/CONSTITUTION:

METHOD OF COMMUNICATION:

(Auslan /Oral)

 PROGRAM PROPOSED:

COSTS OF PROGRAM:

USE OF SCHOLARSHIP FUNDS:

HOW THIS WILL ASSIST IN DEVELOPING INDIVIDUAL/ORGANISATION SKILLS:

**All submissions must be received by 5pm on October 31st, 2017. These can be sent by email to yrrab@iinet.net.au or posted to PO Box 1388, South Perth WA 6951.**