



## THE REGINALD AND ISABELL BLAMEY SCHOLARSHIP

This Deaf Children Australia scholarship was established in 1986 to assist young deaf or hearing impaired girls achieve their educational goals.

### DISTRIBUTION OF FUNDS

Scholarships will be offered in 2010

### CONDITIONS OF THE SCHOLARSHIP

**Applicants must be female, deaf or hearing impaired students undergoing the transition between primary and secondary education, and who are attending a Government school in Victoria.**

The scholarship is intended to assist mainly with direct educational expenses such as school fees and levies, essential text books, uniforms and fares, and access to other school events, eg: camps.

### APPLICATION PROCESS

- The application form includes a mandatory declaration of family income. There is no academic test and no interview.
- The scholarship is awarded on an annual basis and is valid for the year of application only.
- It is necessary for the form to be approved by a school principal, teacher or visiting teacher.

The application form should be submitted to:

**Chief Executive Officer  
Deaf Children Australia  
PO Box 6466, St Kilda Road Central  
Melbourne, VIC, 8008.**

If you have any queries please contact Deaf Children Australia  
Ph: (03) 9539 5300, TTY: (03) 9510 7143 or Fax: (03) 9525 2595



## THE REGINALD AND ISABELL BLAMEY SCHOLARSHIP APPLICATION FORM

### **APPLICANT DETAILS**

Full Name of Applicant: \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of School being attended: \_\_\_\_\_

Year and Course of study: \_\_\_\_\_

### **EDUCATIONAL EXPENSES**

School Fees                 \$ \_\_\_\_\_

Levies                         \$ \_\_\_\_\_

Textbooks                 \$ \_\_\_\_\_

Uniforms                   \$ \_\_\_\_\_

Fares                         \$ \_\_\_\_\_

Other (please specify) \$ \_\_\_\_\_

**TOTAL**                         \$ \_\_\_\_\_

**DECLARATION OF FAMILY INCOME:** (see attached sheet)

### **ANY OTHER INFORMATION IN SUPPORT OF THE APPLICATION:**

*(Please attach additional information that may further support your application)*

\_\_\_\_\_

\_\_\_\_\_

**STUDENT DECLARATION:** I declare that I am a deaf or hearing impaired female student attending a government school and meet the guidelines set by Deaf Children Australia. I hereby submit my application for the Reginald and Isabell Blamey Scholarship.

Student's Signature: \_\_\_\_\_

Witnessed by Parent/Guardian: \_\_\_\_\_

**DECLARATION OF EDUCATIONAL FACILITY:** I hereby acknowledge that the aforementioned student fulfills the set criteria and would be a worthy recipient of the Reginald and Isabell Blamey Scholarship.

\_\_\_\_\_

*Signature*

*Position*

*Phone Number*

# STRICTLY CONFIDENTIAL



## DECLARATION OF FAMILY INCOME

In support of the attached application for a scholarship from the Reginald and Isabell Blamey  
Scholarship for

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(Applicant's Name)

I declare that our current family income, before tax, is:

- Less than \$30,000 p.a.
- \$30,000 p.a. to \$40,000 p.a.
- more than \$40,000 p.a.

Signature of Parent/Guardian: \_\_\_\_\_

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

Witnessed by: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

Acceptable Witnesses: Commissioner of Affidavits      Justice of the Peace  
Police Officer      Minister of Religion  
School Principal      Member of Parliament  
Bank Manager      Medical Practitioner