



TEFMA SCHOLARSHIP APPLICATION FORM

Scholarship Applying for: *Please tick appropriate box.*

- | | | | |
|------------------------|--------------------------|------------|--------------------------|
| Maurie Pawsey/TAC | <input type="checkbox"/> | Conference | <input type="checkbox"/> |
| Management Development | <input type="checkbox"/> | Security | <input type="checkbox"/> |
| Travel | <input type="checkbox"/> | | |

APPLICANT INFORMATION

Name Date

Title Period in position

Institution.....

Address

..... State Post Code

Work Telephone Number..... Fax Number

Email Address.....

Name of Direct Supervisor..... Supervisors Telephone.....

Attach your Curriculum Vitae, including completed information in the "Selection Criteria Form"

SUPERVISORS COMMENTS

Please give your comments on the applicant. Including information about this employee's character, motivation, special talents and leadership ability.

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How long have you known the applicant? In what capacity?

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Supervisor's Name Email address and Date

TEFMA INSTITUTIONAL MEMBER REPRESENTATIVE'S ENDORSEMENT

(Only one application per institution per year for each Scholarship)

Comments

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The application is a full-time employee at my institution.

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TEFMA Institutional Member Representative's Name Signature & Date

REFEREE (Only required for Maurie Pawsey Scholarship Applications)

Applicant to provide name of one referee

and contact telephone no:/address:

Candidates may be required to undertake an interview.