

| rotary club of rockingham scholarship application form | | |
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| Applicant Information | | |
| Name: | | |
| Date of birth: | Gender: M F | Phone: |
| Current address: | | |
| City: | State: | Postcode: |
| Year of Apprenticeship/Traineeship: 1st year 2nd year 3rd year 4th year | | Email: |
| Employment Information | | |
| Current employer: | | |
| Employer address: | | Length of employment: |
| Phone: | E-mail: | Fax: |
| City: | State: | Postcode: |
| Position: | | Annual income: |
| TRAINING Information | | |
| Current Training Organisation (RTO): | | |
| RTO address: | | |
| City: | State: | Postcode: |
| Phone: | E-mail: | Fax: |
| Trainer/Lecturer’s name: | | |
| Emergency Contact | | |
| Name: | | |
| Address: | | Phone: |
| City: | State: | Postcode: |
| Relationship: | | |
| References | | |
| Name | Address | Phone |
|  |  |  |
|  |  |  |
| Signatures | | |
| I authorise the verification of the information provided of my application in its entirety as to my employment and study. | | |
| Signature of applicant: | | Date: |

**SUBMIT APPLICATIONS AND ALL SUPPORTING DOCUMENTATION TO: rotaryclubofrockinghamwa@gmail.com**