

**Val Kerr MLC Old Collegians’ Fellowship Grant**

Application Form

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| **Full Name** |  |
| **School Surname** |  |
| **Alumnae Year** |  |
| **Address** |  |
| **Contact Number** |  |
| **Email Address** |  |

1. **PERSONAL DETAILS**

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| --- | --- |
| **Title of venture:** | *e.g. Teaching maths to disadvantaged students in remote Northern Territory* |

1. **VENTURE**

The following short-answer questions will assist the Val Kerr Old Collegians’ Fellowship Grant Committee to understand why you seek financial support. Please attach all responses as a separate document to this application. Responses are limited to 200 words per question.

1. **Describe the venture for which you seek the Val Kerr Old Collegians’ Fellowship Grant.**
2. **How does this venture meet the selection criteria?**
3. **Briefly outline any other contributions you have made to this venture to date, or the field to which it relates.**

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| **Will you be able to meet the reporting commitments of the grant?** | Yes / No |
| **Are you willing to communicate the outcomes of this venture to the wider MLC community, such as through publication and/or speaking at OCC events?** | Yes / No |
| **Have you received any funding from other organisations to assist you with this venture? If yes, please submit details of this along with your application.** | Yes / No |

1. **OTHER REQUIREMENTS**
2. **Proposed income and expenditure:**

Please attach a financial summary, which documents what expenses you wish to cover with the grant and how much funding you require in total. Documents such as quotes or budgets should also be submitted in order to appropriate these expenses.

1. **Curriculum Vitae**

Please attach a copy of your current CV along with this application form.

1. **References**

Please provide two references that can directly speak of your work in the field in which you have applied.

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| **Name:** |  |
| **Position:** |  |
| **Relationship to applicant:** |  |
| **Contact number:** |  |
| **Email:** |  |

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| **Name:** |  |
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| **Contact number:** |  |
| **Email:** |  |

Please attach any other supporting documentation that you wish to be included with your assessment.

1. **SIGNATURE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, verify that all information on this Application Form and attached documents is true and correct.

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