



**HUON VALLEY
COUNCIL**



**Greg Norris Memorial
Health Scholarship
Application Pack 2023**

Greg Norris Memorial Health Scholarship 2023

Application Form

Personal Details

Title: _____

Given Names: _____

Family Name: _____

Home Address (*current residential*):

_____ Post Code: _____

Length of time at that address: _____

Postal Address (*if different from above*):

_____ Post Code: _____

How long have you resided in the Huon Valley? _____

Email Address: _____

Date of Birth: ___/___/___

Telephone: Home: _____ Mob: _____

I wish to be considered for the Council's *Greg Norris Memorial Health Scholarship* for the following:

University

TasTAFE

Other (*please provide details*): _____

Location and name of campus / educational facility: _____

Educational course / course code: _____

Duration of course: FT PT _____

Commencement date: _____

Study cost including course fees, text books, stationery and accommodation

\$ _____

Is the course or any part cost subsidised? Yes No

Please include details: _____

Your employment record

Position	Employer	Role and function	Date/length of employment

Your academic record

Course or unit	Dates undertaken	Result	Expected date of expected result

Referee contact details: _____

Declaration

- I declare that the information provided in this application is accurate. I agree to participate in any activities that relate to the awarding and promotion of the *Greg Norris Memorial Health Scholarship*.

Your signature: _____ Date: ____/____/____

Please include a copy of your last report / results, current CV and complete the sections on the following pages.

Describe your most important achievements:

Provide an overview on the course of study to be undertaken and how it could be of benefit to the Huon Valley community:

Please explain why you are undertaking this course / study and what it means to you personally:

Following completion of the study, what career path are you interested in following, and why you have chosen this path?

How would the *Greg Norris Memorial Health Scholarship* assist you to progress your chosen study course and to fulfil your career path?

Do you intend to return to the Huon Valley to work in your chosen career area?

Send your application to

Title Director Community Wellbeing
Huon Valley Council
PO Box 210
HUONVILLE TAS 7109

or email hvc@huonvalley.tas.gov.au

Signed: _____

Date ____/____/____

Admin Only

Date received ____/____/____ Initial ____

Date of Assessment ____/____/____ Initial ____

Applicant notified of the outcome ____/____/____ Initial ____