



# AIS scholarship application



Applicants should read Scholarships at the AIS — Sports Programs (AIS web site).  
Send this completed form to the relevant AIS sport administrator.

## Section 1 Sport and proposed year of entry

Sport \_\_\_\_\_ Proposed year of entry to the AIS \_\_\_\_\_

## Section 2 Personal details

### Name

Title \_\_\_\_\_ Given names \_\_\_\_\_ Family name \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_\_  Female  Male

Current address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

### Contact details (Provide details for contact or for messages at all times. If you are in temporary accommodation, we prefer that you insert contact details for parents or close relatives.)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

### Citizenship/nationality (Please tick as appropriate. Space is provided for you to declare Indigenous identity and/or dual nationality.)

- |   |   |
|---|---|
| <input type="checkbox"/> Born Australian citizen                      | <input type="checkbox"/> Aboriginal             |
| <input type="checkbox"/> Naturalised (date _____)                     | <input type="checkbox"/> Torres Strait Islander |
| <input type="checkbox"/> Pending citizenship (date applied for _____) | <input type="checkbox"/> Other                  |

Passport number \_\_\_\_\_

## Section 3 Education and employment

Current Year at school \_\_\_\_\_ Proposed scholarship year \_\_\_\_\_

### Post-secondary education

Institution \_\_\_\_\_

Year/stage \_\_\_\_\_

- |                                    |                                    |                                   |                                   |
|------------------------------------|------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Full time | <input type="checkbox"/> Part time | <input type="checkbox"/> External | <input type="checkbox"/> Deferred |
|------------------------------------|------------------------------------|-----------------------------------|-----------------------------------|

### Employment

- |                                    |                                    |                                       |
|------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Full time | <input type="checkbox"/> Part time | <input type="checkbox"/> Casual/other |
|------------------------------------|------------------------------------|---------------------------------------|

## Section 4 Sport details

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The relevant AIS sport administrator listed on the AIS Scholarship Contacts will provide further information about the selection process and a form to record your sporting details.

## Section 5 Authorities

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### A Injury/illness disclosure

List all illnesses and injuries that have affected your training in the past 12 months and the name and address of any medical practitioner consulted in relation to your condition. Older injuries with ongoing effects are also to be declared.

Illness/injury	Medical practitioner	Address and telephone
1		
2		
3		

### B Medical release

I hereby authorise any hospital, physician or other person who has attended or examined me to provide to the Australian Institute of Sport, or its representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A copy of this authorisation shall be considered as effective and valid as the original.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

### C Declaration and signature

I wish to be considered for entry to the Australian Institute of Sport, and I declare that all information submitted on this application form is correct and complete. I understand that the Australian Institute of Sport reserves the right to vary or reverse any decision regarding admission made on the basis of incorrect or incomplete information.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

For applicants under 18 years of age, the parent, guardian or custodian who is the first legal point of contact must sign.

Name (printed) \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_