

SCHOLARSHIP APPLICATION FORM 2019
FOR UNITS IN RELIGIOUS EDUCATION OR THEOLOGY

PLEASE READ CAREFULLY AND COMPLETE ALL SECTIONS.

1.0 Personal Particulars

Surname: _____ Mr Mrs Ms Miss
(please circle)
Preferred
Given Names: _____ First Name: _____
Contact address: _____
Post Code: _____
Telephone: Home _____ Work: _____
Email Address: _____

2.0 Current Employment Details

Name of School: _____
Present Position: _____ FTE _____
Number of years teaching _____ (Applicants should have completed 3
in Catholic Schools: _____ years in the Catholic Education System)

Will you be teaching Religious Education in 2019 (yes/no) _____

3.0 Qualifications (please list qualifications completed from most recent)

Year completed	Title of Award	Major/Minor	Institution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4.0 Teaching History (please list from most recent)

School	Subject/Areas Taught	Period of Employment
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

5.0 Details of Intended Studies

• Title of Degree: _____

• Major area of study: _____

- Are you working towards:
 - Accreditation to teach Religious Education
 - Accreditation to lead the Religious Education Learning Area

• I have enrolled for :-

Summer Semester 1 Winter Semester 2
 April - Intensive October - Intensive

• UNDA Student No(Mandatory)
 (Failure to supply your Student Number may disadvantage your application)

• What is your level of accreditation?

• Residency: Are you an Australian resident Yes No

• **Please indicate the cost per unit - \$** _____
 (This information is available from the University)

• Please list the Religious Education/Theology unit for which the scholarship is being applied:

UNIT CODE: _____ UNIT TITLE: _____

• When do you expect to complete the course? _____

6.0 Have you applied for/intend to apply for/been offered any other scholarships for 2019? Yes No

(If yes, please provide details in space below)

Name of Scholarship	Purpose of scholarship	Awarded by
_____	_____	_____
_____	_____	_____

7.0 Have you received a KSC Scholarship before? Yes No

If yes, for how many units _____

8.0 Brief Summary of Perceived Benefits:

Please provide a brief outline of the expected outcomes of undertaking further study in the area of Religious Education.

9.0 Personal Statement: Reason you are doing the unit and the value to you of the Scholarship you have applied for.

10.0 A Parish Priest's reference is compulsory. (See attached form)

11.0 Principals Comments and Recommendation:

Declaration by the Applicant:

I hereby declare that all the information provided in the application is true and correct and that I am willing to supply documentary evidence if requested. I authorise the Trustees to obtain information about my enrolment status.

I undertake to notify the Trustees of any change to these details without delay.

Signature of applicant:

Date:

Please forward to:

**The Trustee
KSC Education Foundation Inc.
PO Box 1048
SOUTH PERTH WA 6951
Ph: 9368 2503 Fax: 9368 2698
Email: office.kscwa@perthcatholic.org.au**

By:

4 p.m. - Friday, 19 October, 2018

KSC Education Foundation Inc

CONFIDENTIAL REPORT FROM PARISH PRIEST

NAME OF APPLICANT: _____

REFEREE: _____

APPLYING FOR: KSC Education Foundation Scholarship

PARISH: _____

FOR HOW MANY YEARS HAVE YOU KNOWN THE APPLICANT? _____

Please comment on the applicant in the context of the following:

COMMITMENT TO CATHOLIC RELIGION AND ITS PRACTICE

SUPPORT FOR APPLICATION

ANY OTHER COMMENTS

PARISH PRIEST
SIGNATURE: _____

DATE: _____

Please return by Friday, 19 October 2018

Please forward to:

The Trustee
KSC Education Foundation Inc.
PO Box 1048
SOUTH PERTH WA 6951

Ph: 9368 2503
Fax: 9368 2698
Email:
office.kscwa@perthcatholic.org.au