



# FULL OR PART FUNDED SCHOLARSHIP APPLICATION

## CONFIDENTIAL

A number of full or part scholarships are available to people who will, by their participation in the GLF program, add important diversity of background and experience to the program group but who do not have the means to pay the full program fee because they and their employer do not have access to sufficient financial resources.

Such scholarships are normally reserved for those working in small community organisations, unpaid roles, are self-employed or who are living a long way from Adelaide (and therefore would require support for travel expenses). We do not ordinarily consider applications for scholarships from those in full-time paid employment in business or government roles based in the Adelaide metropolitan area except in extraordinary circumstances.

The Leaders Institute of SA (Leaders Institute) Board will be the sole decision maker in determining if a scholarship will be provided. The Leaders Institute reserves the right to this determination by considering such criteria as it thinks fit and will not provide reasons for its decision.

## INSTRUCTIONS

Please return **ORIGINAL AND 5 COPIES** together with your program application to:

Niki Vincent  
Chief Executive  
Leaders Institute of South Australia Inc  
Level 1, 164 Greenhill Road, Parkside SA 5063  
**no later than 5pm on 12 September 2011**

- 1 Type or handwrite clearly and limit response to available space.
- 2 Application must be signed by both applicant and employer (if applicable).
- 3 All applications for scholarships will be acknowledged by email. Please contact our office within 14 days of posting this application if you do not receive an acknowledgement of your scholarship application.
- 4 All applications for scholarship are subject to confidential evaluation.
- 5 All applicants will be advised of the outcome of their scholarship application by 31 December 2011.

Name \_\_\_\_\_  
[Surname] [First] [Middle]

Employer & Occupation \_\_\_\_\_

Amount of required scholarship \$ \_\_\_\_\_

Reason(s) for seeking scholarship \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Employer's Signature (if applicable) \_\_\_\_\_

Date \_\_\_\_\_