



**INDIGENOUS SCHOLARSHIP APPLICATION FORM**

NAME:	
ADDRESS:	
SUBURB:	POSTCODE:
PHONE:	MOBILE:
EMAIL:	DATE OF APPLICATION:
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH:
Who can we contact in case of an emergency? NAME:	
RELATIONSHIP:	TELEPHONE:
DIPLOMA APPLICANT <input type="checkbox"/>	GRADUATE DIPLOMA APPLICANT <input type="checkbox"/>

**PLEASE ATTACH WITH YOUR APPLICATION THE FOLLOWING INFORMATION**

- A copy of your resume: this should be concise, with a maximum of 4 pages specifying any previous training you have completed.
- Specify the details of any training and experience you have in the areas of counselling therapy, mediation (years of experience in each position held and number of hours face to face clinical experience if any).
- A copy of your confirmation of Aboriginality. Land Council or Community Group
- \$250 Application administration fee is payable with application to Pathways Psychology Institute**

**BSB 633 000**

**Account number 151 451 069**

What are your reasons for applying for this course? Why do you feel you would be the best recipient for this scholarship? How would you use your qualification to benefit your community? (attached additional pages if required)

Where Did You First Hear About Pathways Psychology Institute?

- INTERNET  LOCAL MAGAZINE  FRIEND  ADVERTISING  EMAIL

**ACCEPTANCE OF CONDITIONS OF ENROLMENT**

- I agree to conduct myself in a manner relating respectfully to all members of staff and students at Pathways Psychology Institute and to acknowledge accurately all reference material used in writing assignments.

NAME:	
SIGNATURE:	DATE:

**RETURN COMPLETED APPLICATION FORM & SUPPORTING DOCUMENTS BY ONE OF THE FOLLOWING METHODS**

MAIL TO: PATHWAYS PSYCHOLOGY INSTUITUTE 6 BELBOWRIE CLOSE, GALSTON. NSW. 2159

EMAIL TO: [info@pathwayspsychology.com.au](mailto:info@pathwayspsychology.com.au)

<b>OFFICE USE</b>	<b>DATE RECIEVED</b>
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