

1. This section must be completed by the student – *please print neatly.*

COURSE	VENUE	DATE	Select Course (✓)
South Queensland Engineering Link Project (SQELP)	Kings College, Brisbane	26 – 28 June 2012	
Central Queensland Engineering Link Project (CQELP)	Capricornia College, Rockhampton	26 – 28 June 2012	
North Queensland Engineering Link Project (NQELP)	Combined Catholic Colleges, Townsville	16 – 18 July 2012	

Have you attended a TELG course before? Yes No

APPLICANT DETAILS			
Surname		First Name	
Preferred First Name		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth		Current School Year	<input type="checkbox"/> Yr 11 <input type="checkbox"/> Yr 12
Postal Address			
Suburb/Town		Postcode	
Student Mobile Ph:		Email:	
Cultural Background	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither		
Why are you applying for this scholarship?			

2. This section must be completed by a parent/guardian:

Title (Mr/Mrs/Ms/Dr)		<i>I have read the terms and conditions of the scholarship (http://www.telg.com.au/Opportunities/Scholarship-ELP.html) and agree to abide by them.</i> Parent/Guardian Signature: _____ Date: _____ Applicant Signature: _____ Date: _____
First Name		
Surname		
Address (if different to applicant)		
Home Phone		
Mobile Phone		
If this application is unsuccessful, would you still be interested in attending the nominated course? <input type="checkbox"/> Yes, but we would require other assistance <input type="checkbox"/> It would not be possible at all		

3. This section must be completed by an authorised representative of the Applicant’s school (eg Guidance Officer)

Title (Mr/Mrs etc)		Initial(s)		Surname	
Position					
School					
School Postal Address					
Town/Suburb				Postcode	
Telephone					
Email					
As the teacher of the applicant _____, I feel that he/she will benefit from this course because:					

I am familiar with the applicant’s current situation and agree that this application is genuine, on the grounds of:					
<input type="checkbox"/> financial hardship <input type="checkbox"/> remote location Please tick all that apply.					
Signature:				Date:	

Once completed, this form should be returned to the address below by the dates indicated:

SQELP / CQELP: **Closing Date:** **Friday 1st June 2012**
NQELP: **Closing Date:** **Friday 8th June 2012**

Return Address:

Engineering Link Project
 PO Box 3109
 Hermit Park, Qld. 4812

Course Sponsors:

Industry:



University: Profession:



ENGINEERS AUSTRALIA