



## THE NOEL FAIRWEATHER MEMORIAL SCHOLARSHIP

### APPLICATION FORM

#### SECTION A: PERSONAL DETAILS (Please Print/Type)

Family Name: \_\_\_\_\_

Given Name: \_\_\_\_\_ PREFERRED NAME : \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Residential/postal address: \_\_\_\_\_

Contact phone numbers 1: \_\_\_\_\_ 2: \_\_\_\_\_

Email \_\_\_\_\_

#### SECTION B: YOUR ASPIRATIONS AND STUDY DETAILS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### SECTION C: PEOPLE WHO WILL SUPPORT YOU

The Scholarship committee may want to contact a referee who is familiar with your background and your reasons for this application, i.e. what it is that motivates you and the value to be gained if you are successful.

Personal referee of some standing in the community.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

#### SECTION D:: YOUR RECENT HISTORY

Please detail your relevant education undertaken and attainments. Give your involvement in any community, social, cultural, sporting or other interests which are relevant to this application or to your over all presentation

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

**PLEASE ADVISE THIS OFFICE WHEN YOUR UNIVERSITY OR TAFE PLACEMENT HAS BEEN CONFIRMED IN THE NEW YEAR**

Telephone 7231 1770 email: [masfound@masonic-foundation.asn.au](mailto:masfound@masonic-foundation.asn.au)

Please forward your application by 1 February to:

**The Executive Director  
THE FREEMASONS FOUNDATION  
254 NORTH TERRACE, ADELAIDE 5000**