



# Blue Mountains Health Trust Application for Scholarship

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of birth        /        /

Your school \_\_\_\_\_

Subjects studied \_\_\_\_\_

\_\_\_\_\_  
Your latest exam or assessment results \_\_\_\_\_

\_\_\_\_\_  
Course you intend to study at University \_\_\_\_\_

\_\_\_\_\_  
Activities and organisations you are involved with at your school \_\_\_\_\_

\_\_\_\_\_  
Please provide additional information you think will enhance your application (e.g. volunteering / sport)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please post completed application to:  
BLUE MOUNTAINS HEALTH TRUST; PO BOX 7097, LEURA NSW 2780  
info@bluemountainshealthtrust.com.au | www.bluemountainshealthtrust.com.au

*Applications Close 30th October*

Application Form