

APPLICATION FORM

DATE OF APPLICATION

SUBMITTED BY

APPLICANT'S NAME

ADDRESS

STATE

POSTCODE

DATE OF BIRTH

TELEPHONE

MOBILE

EMAIL ADDRESS

MEDICAL INFORMATION

NAME OF GENERAL PRACTITIONER

GENERAL PRACTITIONER TELEPHONE

NAME OF SPECIALIST

SPECIALIST TELEPHONE

DATE OF INITIAL DIAGNOSIS

TYPE OF ARTHRITIS

EDUCATION DETAILS

1. Are you currently at school?

Yes

No

If yes, please give details of current year or grade

2. If no, please provide the following details:

Name of Education Institution

Name of course being undertaken

What year are you currently in?

STATEMENT OF NEED

1. How will this Award enhance your capacity to complete your education?

2. Please explain why you should be considered for this award?

3. Give details of exactly what the funds will be used for:

Please tick which of the following is applicable to this application:

- I will use the funds to purchase a computer or adaptive computer equipment
- I will use the funds to pay my tuition fees
- I will use the funds to purchase other resources eg. text books

Give details

- I will use the funds to pay for a scribe for an examination
- I will use the funds to purchase other assistive items

Give details

*Note: Funds are NOT provided for travel or petrol costs

4. Have you received this award previously? Yes No

If yes, provide details of amount provided and items purchased or costs met.

Note: Please attach your most recent academic transcript.

REFEREE DETAILS

REFEREE 1 NAME

ADDRESS

STATE

POSTCODE

TELEPHONE

RELATIONSHIP TO APPLICANT

REFEREE 2 NAME

ADDRESS

STATE

POSTCODE

TELEPHONE

RELATIONSHIP TO APPLICANT

Please **post** completed form to **Arthritis NSW, Locked Bag 2216, North Ryde NSW 1670**or **fax** to **02 9857 3399** or **email** to **kfilocamo@arthritissw.org.au**
[CLICK TO EMAIL](#)
www.arthritissw.org.au