



asid | Let's shake it up,
2018 | human rights
for everyone!

2018 Conference Scholarship Application Form

PERSONAL DETAILS

Name			
Address			
Suburb			
State		Postcode	
Phone			
Email			
Why is it important to you to attend the conference?			

Do you identify as having an intellectual disability?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you presenting a paper, workshop or poster at the conference?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you require a support worker to attend the conference with you?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

FUNDING SUPPORT

Are you able to access another type of funding (part or whole) to assist with the costs to attend the conference?	Yes		No	
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If yes, please give details:

Funding Source	Funding use	Total amount being funded?

FUNDING REQUEST

Please give details of the funding you are requesting for the conference.

Funding use	Amount (\$)
Accommodation	
Registration	
Travel	
Other (please specify)	
Total Funding Amount	\$

Have you already made payment for the above expenses?	Yes		No	
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If yes, please attach receipt(s) when returning this application.

DECLARATION

I acknowledge that:

- I may not receive reimbursement for all expenses, and I will be liable to cover any outstanding balance.
- The grant is personal to me, and cannot be transferred to another person.

DECLARATION

I declare that I have read and understood the conditions of the Scholarship, and that the information I have given on this form is correct.

Applicant (print name).....

Signature..... Date.....