



ATHLETE DEVELOPMENT SCHOLARSHIP

APPLICATION FORM

APPLICANT INFORMATION			
Last Name	First	M.I.	Male <input type="checkbox"/> Female <input type="checkbox"/>
Street Address		Apartment/Unit #	
Suburb	State	Post code	
Home Number	Mobile Number	Fax Number	
Email			
Are you an Australian Citizen or a permanent resident of Australia? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Date of Birth _____ / _____ / 19 _____ (dd/mm/yyyy)			
Do you have a Health Care Card ? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide number ?			

SCHOOLING / EDUCATION		
School / College Name		
Street Address		
Suburb	State	Post code
Highest education level	Last year of completion	

REFERENCES	
<i>Please list three references.</i>	
Full name	Relationship
Company	Phone ()
Address	
Full name	Relationship
Company	Phone ()
Address	
Full name	Relationship
Company	Phone ()
Address	



SPORTS RESUME

Sport for which this application is made ?

In the sport for which you have applied, do you belong to a club? Yes No
If yes, Name of Club / Team(s)

Club Address (if applicable)

Have you been selected as a representative in a State or National Team in your named sport?
State Yes No
National Yes No

State your highest representative achievements in your named sport.
Include: Sport category, team and year of achievement.
If insufficient space, please provide an attachment. Attachment? Yes

State any other sporting achievements, qualifications and / or honours you have received.
If insufficient space, please provide an attachment. Attachment? Yes

In the space below briefly outline any activities you have undertaken, and/ or contributions you have made to your primary sports club that you believe have contributed to improving sporting performance, and / or team culture within your club.
If insufficient space, please provide an attachment. Attachment? Yes



LIST OF ATTACHMENTS

Complete the checklist below and attach **copies** of all relevant documentation. Copies will NOT be returned.

- This application form
- Copy / Copies of relevant certificates
- Copy / copies of relevant documentation confirming state / national team selection
- Any additional documentation / information you believe will support this application

SUBMISSION OF THE APPLICATION

Completed application forms and attachments must be mailed, faxed or scanned and emailed to:

Mail: ESS Performance
High Performance Training Centre
110 Church Street
Richmond, VIC 3121

Fax: (03) 8625 0066

Email: info@essperformance.com.au

All enquires should be directed to: ESS Performance on **(03) 9421 4000**

List any additional attachments to this application

APPLICANT DECLARATION

I (**NAME** - please print _____) certify that

1. All information submitted in this application is complete and correct.
2. I understand that suitability for selection for the ESS Performance Athlete Development Scholarship will be based in part on the information and documentation I have provided.
3. I give ESS Performance permission to contact my referees and / or other parties, to verify the information pertaining to, academic, sports and/ or other achievements supplied in this application.
4. I understand that all information I have provided is related to this application and will remain confidential, for the purpose of consideration for the ADS only.

Applicant Signature

Date

If under 18 years of age, parent or legal guardian signature is required.
Name (family and given name) of parent or legal guardian

Name of parent or legal guardian

Parent or legal guardian Signature

Date