# BARCOO SHIRE COUNCIL BURSARY PROGRAM 2020 APPLICATION FORM



#### **PERSONAL DETAILS**

tle: Given Names: Surname:							
Address:							
Town:		Po	stcode	:			
Home Phone:	Work Phon	e:					
Email Address:							
Date of Birth:	Gende	er:	□ Ма	ıle	☐ Fer	nale	
Are you a Barcoo Shire Resident?			Yes		No		
Have you ever been a recipient of a Bar	coo Shire Bursary?			Yes		No	

#### **EDUCATIONAL BACKGROUND**

Please detail any study or training you have completed in the past or are currently in the process of completing (please include current schooling, if applicable):

Years of Study	Instituition	Educational Qualifications

Heart of the channel country www.barcoo.qld.gov.au

## **EMPLOYMENT / WORK EXPERIENCE**

Please detail your employment history, if applicable:	
Present Occupation:	Date Began:
Employer:	
Previous Two Positions: (1)	
(2)	
COMMUNITY INVOLVEMENT	
Organisation / Club Membership:	
Community Interests / Involvement:	
SPECIAL ACHIEVEMENTS	
Please list any awards or special recognition you have recei achievements and / or community contributions:	ved for your educational and career
<del></del>	

COURSE INFORMATION					
Study/Training	g you wish to undertake a	nd a brief description:			
COURSE PRO	OGRAM				
Place	Institution	Proposed Study	Duration	Course Cos	
DEASONS E	OR APPLICATION			<u> </u>	
		urse?			
	- Selected your chosen cou	JI3C:			
What experier	nce and skills do you have	which enable you to undertake and o	complete this cour	se?	



What are your long term goals in completing this course?
How will this hanofit the Parson Shire and for Western Queensland?
How will this benefit the Barcoo Shire and/or Western Queensland?
What other avenues / financial assistance may be available to you to complete your chosen course, should
you be unsuccessful in applying for this bursary?
you be ansaccessful in applying for this barsary.

### **REFEREES**

Fax:

1.	Referee					
	Name:					
	Organisation (If appl	licable):				
	Address:					
	Telephone:					
	Email Address:					
2.	Referee					
	Name:					
	Organisation (If appl	icable):				
	Address:					
	Telephone:					
	Email Address:					
DECL	ADATION					
DECLA	ARATION					
I decla	re that the information	on provided i	in this application i	s accurate.		
Signati	ure:				Date:	
Pleas	e send application	to:				
Post:		Barcoo Shi				
		PO Box 14 Jundah Qlo				
Email: Phone		lyn.field@l 07 4658 69	barcoo.qld.gov.au 930			

07 4658 6221