



# THE TREVOR PRESCOTT FREEMASONS MEMORIAL SCHOLARSHIP

## APPLICATION FORM

### SECTION A - PERSONAL DETAILS (PLEASE Print/Type)

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

Given Names \_\_\_\_\_

Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Name by which you prefer to be addressed \_\_\_\_\_

Residential Address \_\_\_\_\_

Postal Address (if not as above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

### SECTION B - PEOPLE WHO WILL SUPPORT YOU

*For this application to be considered, you will be required to nominate three independent referees*

1. Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### SECTION C – YOUR APPLICATION

Please outline your Application as a separate document in accordance with the terms and conditions contained in the accompanying brochure. The committee suggests that you share this material with your referees.

*I acknowledge I have read the information brochure and in submitting this application agree by those conditions.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please forward original and four (4) copies of your application and relevant copies to:

**The Executive Director  
THE MASONIC FOUNDATION INC.  
2/262 Grange Road, Flinders Park, South Australia 5025**

**APPLICATIONS CLOSE 30 JUNE**