

THE MIM INGHAM EDUCATION GRANT

Application Form

Surname (BLOCK LETTERS) ..............................................................................................................

Given Names:...................................................................................................................................

Contact Address:..............................................................................................................................

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Phone No......................................................................Mobile:........................................................

Email:................................................................................................................................................

Date of Birth:....................................................................................................................................

School Attended:.............................................................................................................................

Level of Examination:......................................................................................................................

Subjects currently studying:............................................................................................................

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School involvement:......................................................................................................................

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Extra Curricular Activities:..............................................................................................................

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This application must be accompanied by an essay (approx. 500 words) titled “My Career Goals”, a brief autobiography, plus an outline of the proposed use of the Education Grant. The successful applicant will be required to provide proof of acceptance to Tertiary Education, University or Trade School.

Applicant’s Signature......................................................................................................................

Parent/Guardian/Teacher Signature..............................................................................................

Applications to be sent to: The Convenor / Soroptimist Education Grant

Soroptimist International Mount Gambier

PO Box 1596

MOUNT GAMBIER SA 5290