

**AUSTRALIAN CHURCH WOMEN INC
WINIFRED KIEK SCHOLARSHIP TRUST**

**NOMINATION FORM
For study in the year 2019
(To be completed by the Nominating Committee)**

Name of Nominating Committee _____

Aims and Objectives of the committee

Postal Address

Telephone: Landline: _____

Mobile: _____

Email: _____

We wish to nominate:

Family Name _____

Given Names _____

Please attach a statement indicating why you are nominating this person

We, _____

the Nominating Committee, will undertake to co-operate with the Winifred Kiek Scholarship Committee. We will support our nominee during the period of the Scholarship. At the completion of her studies we will provide opportunities for her to use her new skills for the benefit of _____

Signed on behalf of the Nominating Committee

Full Name _____

Position Held _____ Date _____

FORM 2

**AUSTRALIAN CHURCH WOMEN INC
WINIFRED KIEK SCHOLARSHIP TRUST**

**APPLICATION FORM
For study in the year 2019
(To be completed by the Applicant)**

Family Name _____

Given Names _____

Date of Birth _____

Home Address _____

Postal Address (if different from home address)

Telephone No
Home: _____
Mobile: _____

Email Address _____

Current Occupation _____

Academic Record (including names and addresses of Institutions where qualifications were gained)

Details of any Vocational Training _____

Languages spoken _____

Work experience _____

Church affiliation and personal involvement _____

Special Interest & hobbies (outside Church involvement) _____

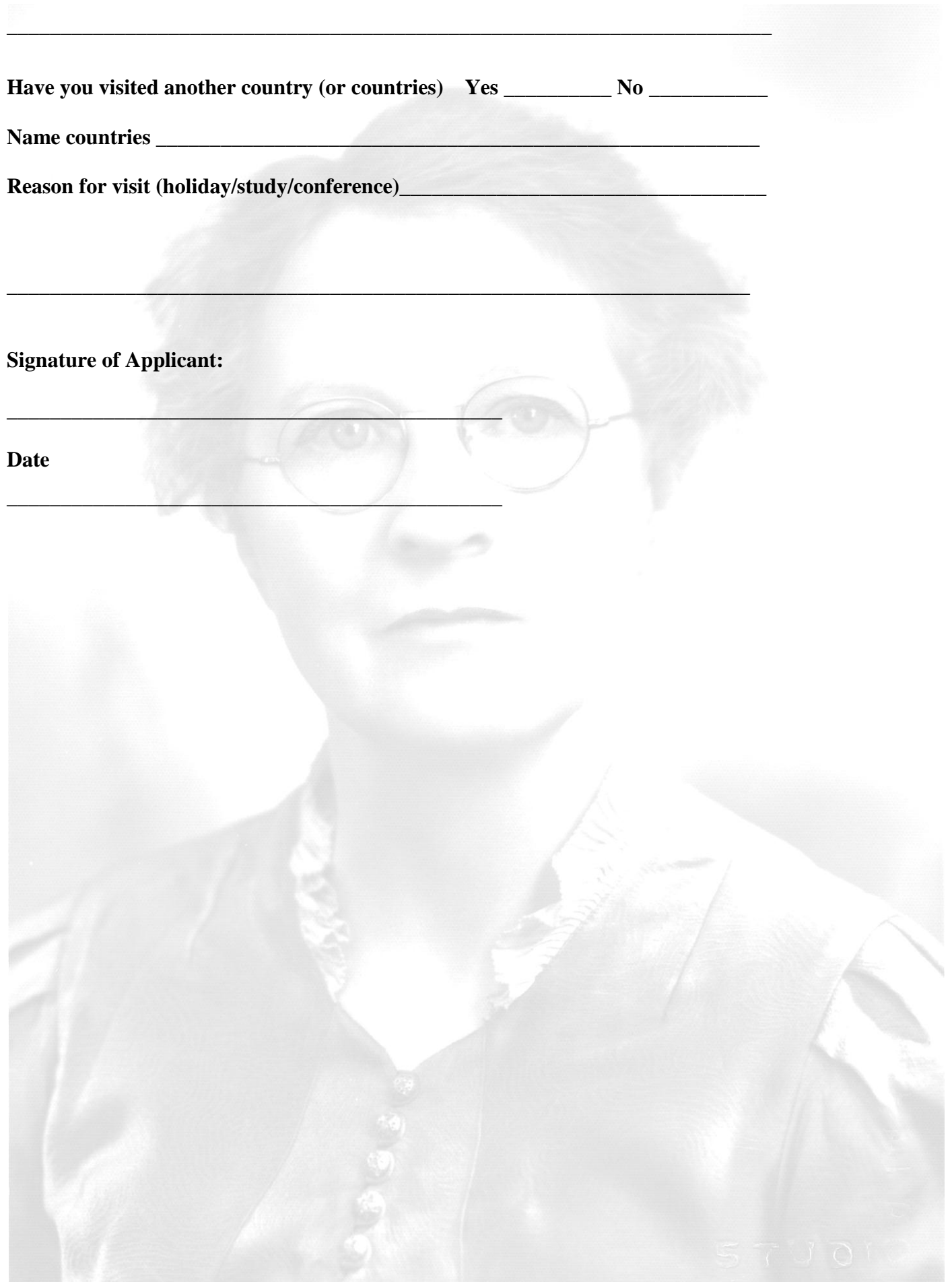
Have you visited another country (or countries) Yes _____ No _____

Name countries _____

Reason for visit (holiday/study/conference) _____

Signature of Applicant:

Date



All questions in this section must be answered for application to be considered.

Select one area in which you wish to use the Scholarship funds:

Option 1: Theological/Biblical Studies _____

Option 2: Christian Leadership Training _____

Option 3: Attend Conference _____

Option 4: Attend a Seminar _____

Options 1 and 2:

Name of College/Training Establishment _____

Length of Study Time: _____

Date of commencement of academic year: _____

Approximate cost of course fees (please check carefully):

If living away from home:

Accommodation: _____

One (1) return fare: _____

Total cost of Scholarship applied for: _____

Option 3 and 4:

Name of Conference/Seminar: _____

Dates: _____

Registration/enrolment fees: _____

Accommodation: _____

Fares: _____

Total for attendance: _____

How would you plan to make use of the experience gained from attendance at this Conference/Seminar:

Please attach

- **250-300 word statement about your work, church involvement, and family and how you plan to make use of the study or experience or conference/seminar attendance**
- **recent photograph (preferably digital)**
- **written reference from the Nominating Committee**

