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| APPLICATION 2024SCHOLARSHIP PROGRAM |  |

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| Applicant Information |
| Last Name |  | First Name |  | Date of Birth |  |
| Street Address |  | Apartment/Unit # |  |
| City |  | State |  | Post Code |  |
| Tel home |  | Mobile |  |
| E-mail Address |  |
| AWD Classification(s) (if relevant)  |  |
| Education (FOR YOUR CURRENT ENROLMENT THIS YEAR)  |
| Current School |  |
| Current Grade |  |
| main sport |
| Sport Played  |  |
| Club/School |  | Years played |  |
| Representative Team(s) |  |
| additional sport 1 |
| Sport Played |  |
| Club/School |  | Years played |  |
| Representative Team(s)  |  |
| additional sport 2 |
| Sport Played  |  |
| Club/School |  | Years played |  |
| Representative Team(s) |  |
| \* For any additional sports or representative teams please attach an additional sheet |
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| References |
| Please list two personal references and attach copies of a written reference from each. |
| Full Name |  | Relationship |  |
| email |  | Phone |  |
| Full Name |  | Relationship |  |
| email |  | Phone |  |

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| Sport involvement – PLEASE OUTLINE your current sport involvement  |
| Please describe your current sport involvement including your main sport, any additional sport(s) played, and all levels of involvement for each respective sport (e.g NSW State Representative for Sport 1, Regional Representative for Sport 2, Local club player for Sport 3). |
| RELEVANT non-player roles (e.g. coach, manager, umpiring/referee) |
| POSITION |  |
| DUTIES: |
| POSITION |  |
| DUTIES: |

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| PLEASE describe why you are applying for the performance academy including your sport related goals for the next year, YOUR long term sporting aspirations AND PERSONAL ATTRIBUTES THAT YOU WOULD BRING TO THE PROGRAM. |
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| Disclaimer and Signature |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to engagement in The Physio Space Performance Academy, I understand that false or misleading information in my application or interview may result in my removal from the program. |
| Signature |  | Date |  |

EMAIL COMPLETED APPLICATION FORMS TO **PA@THEPHYSIOSPACE.COM.AU**