



THE CHRISTOPHER WISE EDUCATION SCHOLARSHIP APPLICATION FORM

PLEASE RETURN YOUR COMPLETED
APPLICATION TO CHALLENGE
BY THE END OF TERMS 1 AND 3

MAIL:

CHALLENGE
529-535 KING ST
WEST MELBOURNE VIC 3003

FAX:

(03) 9329 8427

EMAIL:

HOSPITAL@CHALLENGE.ORG.AU



GENERAL INFORMATION

WHAT IS THE CHRISTOPHER WISE SCHOLARSHIP?

Created in the memory of Challenge Member Christopher Wise, whose enthusiasm and commitment to the pursuit of scholarly excellence was inspirational. Chris's family are involved in the selection process and are actively supportive of this scholarship.

WHO CAN APPLY?

To apply for the Christopher Wise Scholarship your child must:

- Be a Challenge member who has been diagnosed with cancer or a life-threatening blood disorder
- Be aged between 5 and 18 years inclusive
- Have not previously been awarded the Christopher Wise Scholarship

As a parent or carer, you may apply each round until your child is 18 years old.

GUIDELINES FOR PRESENTATION

1. Complete ALL sections thoroughly
2. Answer ALL questions carefully
3. Please ensure that all written Applications are clearly readable

CONFIDENTIALITY

All information contained within this application will remain strictly confidential.

PERSONAL INFORMATION

Applicant Name: _____

Date of Birth: _____

Gender: _____

Permanent Address: _____

State: _____

Postcode: _____

Does your family primarily speak a language other than English in the home? yes no

If yes, what language does your family primarily speak? _____

MEDICAL INFORMATION

Diagnosis: _____

Date of Diagnosis: _____

Hospital: _____

Doctor: _____

Has the patient suffered a relapse? Yes No

ACADEMIC HISTORY

Are you presently enrolled at school, a tertiary institution or any other academic institution?

1. What is the name of the School or Institution?

2. What year level are you currently undertaking?

3. What course of study/area will you be undertaking (if tertiary or specialized)?

4. During the period of study, what (if any), additional financial support do you expect to receive? Please include any other scholarships that you have received or are applying for.

DECLARATION

I, _____, the parent/guardian of _____ hereby endorse and support this application and confirm that all the information provided in this document is true and accurate at the time of signing.

_____/_____/_____
(Date)

(Signature)

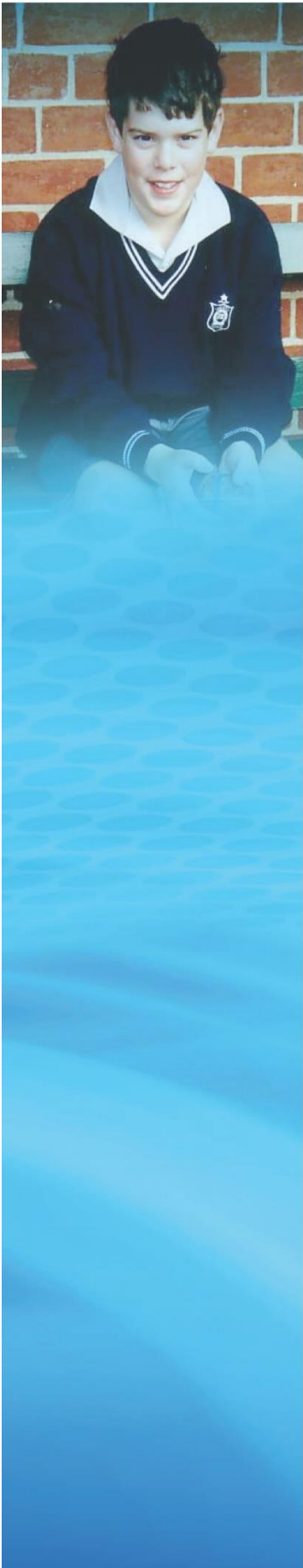
Should your child receive the Christopher Wise Scholarship, would you as a parent/guardian allow a photo and caption to be placed on Challenge's social media pages?

yes no

Should your application not be successful in this round of funding, would you like it to be resubmitted for the next round of funding? **Please note, applications can only be resubmitted once.**

yes no

Other Comments:





Challenge
supporting kids with cancer