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| TOFA WA Scholarship Form 2024 |  |



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| 1. | Full name: | |  |  |  | | | |
|  |  | | First Name |  | Last Name | | | |
|  |  | | | | | | | | | | | |
| 2. | School or University: | |  | |  | | | | | | | |
|  |  | | School Name / University Name | |  | | | | | | | |
| 3. | Are you a TOFA Member in 2024? | |  | |  | | | | | | | |  | |
|  |  | | Yes / No | |  | | | | | | | |
| Priority will be given to current TOFA Members. However, in the absence of applications from current TOFA members we will consider all applications. | | | | | | | | | | | | |
| 4. | Do you usually work on the day of the Conference? | | |  |  | | | | | | | | |
|  |  | Yes | | |  |  | | | | | | | | | |
|  |  | No | | |  |  | | | | | | | | | |
| 5. | Personal motivations to attend the Conference: | | |  |  | | | | | | | | |
|  | |  |  | | --- | --- | |  |  | | | |  |
|  | | |  |  |  | | | | |  | |
| 6. Signature | | |  |  | Date of signature: | |  |  |  |  |  |
|  | | |  |  |  | | MM |  | DD |  | YY |

Please submit your application at [tofawa.au@gmail.com](mailto:tofawa.au@gmail.com) before September 30th, 2024.

The scholarships will be given as complimentary tickets to the FATFA / TOFA Conference, not as monetary bursaries.