

INSPIRATIONAL EDUCATIONAL MOTIVATIONAL

Official Scholarship Application Form

Applications Close: 5.00pm on the last Friday in April

Given Name	
Family Name	
Address	
Phone	
Email	

Formal Music Education (if any)

Year Started	Year Finished	Institution	Credential Attained

Music Director Employment History (start with your most recent)

Year Started	Year Finished	School	Did ensemble attend ASBOF?

Professional Development Activity

List any relevant professional development activities you have undertaken in the previous 3 – 5 years. This formal study. Provide evidence where possible. Copies or attached PDF only. No documents will be returned	-	
Professional Development Activity (include provider and/or facilitator and year)		

Professional Membership

List any professional educational associations or relevant industry unions of which you are currently a member.

Scholarship Goals

Outline the goals you hope to achieve through undertaking this scholarship (150 words max.)

Applicant Statement

Explain why you believe you would be a suitable candidate for this scholarship (150 words max.)
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Support Statement (OPTIONAL)

This may be filled out by your school Principal, your Instrumental Music Program Coordinator, the Head Teacher of Music, a representative from the Parent Support Committee or a prominent Music Director/Music Educator who has worked with you.

Explain why you believe the Applicant you would be a suitable candidate for this scholarship (150 words max.)			
	`		`
Your Name	►	Your signature	►
Contact Phone	▶	Date	▶
Contact Email	▶		

Cliff Goodchild Scholarship for Professional Development in Music Education www.asbof.org.au I admin@asbof.org.au I PO Box 833 Kensington 1465 I M 0417 664 472

How do you know the applicant?			
Applicant Declaration			
In submitting this application I agree to the following:			
 That I have read and understood all the Terms and Conditions of the Cliff Goodchild OAM Scholarship That I am currently a financial member of ABODA That the Directors of the Australian School Band and Orchestra Festival may make any reasonable inquiries to ensure the information provided here is accurate That no scholarship payment will be made directly to me That I am prepared to work with mentors recommended by the Australian School Band and Orchestra Festival That I will complete all aspects of the scholarship process, including the self-evaluation and the acquittal 			
Applicant's signature ►			
Principal's Endorsement			
As this scholarship involves ASOBF personnel working at your school we require your principal to endorse your application.			
If working at a number of schools obtain endorsement from the school where the main scholarship activity will take place.			
I certify that I am the Principal of the school listed below			
 I certify that any information pertaining to my school in this application is accurate 			
 I support this scholarship application and understand the commitment involved from my school 			
 I understand that all relevant Working With Children checks will be undertaken by the Australian School Band and Orchestra Festival 			
SCHOOL NAME			
PRINCIPAL'S NAME			
Principal's signature 🕨 Date: / /			
A diaital signature is also acceptable			



Australian School Band and Orchestra Festival





Educational

