# Attachment 4: Grant Application Scholar/Alumni Member Details

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| **Group Member 1** |
| Name | Enter your First Name SURNAME |
| Gender | Choose an item | Would you like to identify yourself as a person with disability? | Choose an item |
| Email Address |   |
| Phone(including country code) |   | DOB |  Click or tap to enter a date. |
| Address |   |
| Current Employer |   | Organisation Type | Choose an item |
| Employment Sector | Select Employment Sector | Click here to add notes |
| Employer Address |   |
| Position |   |
| **Study Program in Australia** |
| What is your study status? |  Select Study Status | Study Program |   |
| University / Institution |   | Year of Completion |   |
| Type of Award |  Select Award.  |  Click here to add notes |

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| **Group Member 2** |
| Name | Enter your First Name SURNAME |
| Gender | Choose an item | Would you like to identify yourself as a person with disability? | Choose an item |
| Email Address |   |
| Phone(including country code) |   | DOB |  Click or tap to enter a date. |
| Address |   |
| Current Employer |   | Organisation Type | Choose an item |
| Employment Sector | Select Employment Sector | Click here to add notes |
| Employer Address |   |
| Position |   |
| **Study Program in Australia** |
| What is your study status? |  Select Study Status | Study Program |   |
| University / Institution |   | Year of Completion |   |
| Type of Award |  Select Award.  |  Click here to add notes |

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| **Group Member 3** |
| Name | Enter your First Name SURNAME |
| Gender | Choose an item | Would you like to identify yourself as a person with disability? | Choose an item |
| Email Address |   |
| Phone(including country code) |   | DOB |  Click or tap to enter a date. |
| Address |   |
| Current Employer |   | Organisation Type | Choose an item |
| Employment Sector | Select Employment Sector | Click here to add notes |
| Employer Address |   |
| Position |   |
| **Study Program in Australia** |
| What is your study status? |  Select Study Status | Study Program |   |
| University / Institution |   | Year of Completion |   |
| Type of Award |  Select Award.  |  Click here to add notes |

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| **Group Member 4** |
| Name | Enter your First Name SURNAME |
| Gender | Choose an item | Would you like to identify yourself as a person with disability? | Choose an item |
| Email Address |   |
| Phone(including country code) |   | DOB |  Click or tap to enter a date. |
| Address |   |
| Current Employer |   | Organisation Type | Choose an item |
| Employment Sector | Select Employment Sector | Click here to add notes |
| Employer Address |   |
| Position |   |
| **Study Program in Australia** |
| What is your study status? |  Select Study Status | Study Program |   |
| University / Institution |   | Year of Completion |   |
| Type of Award |  Select Award.  |  Click here to add notes |