



AUSTRALIAN MARINERS' WELFARE SOCIETY
ABN 86 000 008 122

SAIL TRAINING APPLICATION FORM

PERSONAL DETAILS

Surname:

Given Names:

Date of Birth: **Male** **Female**

Home Address:

School Address:

Telephone: Home Mobile

Email:

Voyage:

Nationality

| |
|--|
| |
|--|

**If not Australian
Type of Visa**

| |
|--|
| |
|--|

Study history/work experience:

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |

Community involvement or other relevant experience:

| |
|--|
| |
| |
| |
| |
| |

Family connection to sea and financial hardship

Refer Note (c)

| |
|--|
| |
| |
| |
| |
| |

Supporting documentation

This application **must be accompanied by:**

- (a) a written personal profile of not more than 500 words, including information on personal interests, achievements and any other sponsorships held;
- (b) any supportive evidence that the candidate considers to be relevant to this application.
- (c) **All applications** must include advice of family connections to the sea (including navy, merchant marine or deep-sea fishing) and meet the criteria of financial hardship. Financial hardship is defined as being of moderate or lesser means.
- (d) **A fully completed AMWS Sail Training Scholarship and Indemnity and Release Form**

A copy of this form is available on the webpage immediately below the Sail Training Application Form

This application **WILL NOT** be processed without the supporting documentation. The consideration of all applications and the approval of the sail training award is always at the complete and absolute discretion of the Council of the Australian Mariners' Welfare Society.

Giving false or misleading information is a serious offence under the Criminal Code (Commonwealth)

.....
Applicant's Signature

.....
Date

Please forward applications to:

Mr Stan Moriarty
Secretary
Australian Mariners' Welfare Society
Post Office Box 3058
ROSEMEADOW NSW 2560

Enquiries: 0418 488 163

Email: secretaryamws@gmial.com