



APPLICANT DETAILS:	
Applicant name (print your name):	
DOB:/	
Residential Address:	
Postal Address:	
Phone:	Email:
Applicant Signature:	Date:/
I would like this once in a life time experience on the	e "Young Endeavour" 2024 voyage because:
(NOTE: Attachment of supporting documentation is encouraged if desired)	
	,

2024 YOUNG ENDEAVOUR COMMUNITY SCHOLARSHIP Nomination Form

PARENT/GUARDIAN DETAILS:	
If you are under the age of 18 years please ask your parent/guardian to sign below:	
Parent/Guardian (print your name)	
Parent/Guardian Signature:	
Phone: Email:	

The information collected on this form will be used by the Charters Towers Regional Council for the purpose of processing and assessment of your application. Your personal details will not be disclosed for a purpose outside of Council protocol, except where required by legislation (including the Right to Information Act 2009 and Information Privacy Act 2009). This information will be stored on Council's database. The information collected will be retained as required by the Public Records Act 2002.