



SPECIAL CONSIDERATION SCHOLARSHIP PARENTAL CONSENT FORM

Dear Parent or Legal Guardian,

Please complete the form below to consent that your child is eligible for a special consideration scholarship from Bendigo TAFE and that you understand all term and conditions.

Student's Name: _____

Student's DOB: _____

Parent's Name: _____

Email: _____

Phone: _____

Address: _____

I hereby consent for my child to be a recipient of The Mick Young Scholarship through Bendigo TAFE.
I have read and understand the terms and conditions as stipulated on the Bendigo TAFE website.

Signature: _____ (Parent/Guardian/Carer)

Date: _____