



APRAA Scholarship Fund Application Form

Please return your completed Application Form to the Divisional Manager at your state or territory motor trade association or automobile chamber of commerce

What is an APRAA Scholarship?

APRAA Scholarships are awarded to primary and secondary school students. In order to be eligible for a scholarship the child must be attending primary or secondary school and be able to provide proof of achievement in academic, sporting or community pursuits. Scholarships are for \$500 and only available for **one child** of an eligible employee per academic year.

Who can apply?

Any child in currently attending primary or secondary school who has a parent or guardian that is currently an employee of a recycler who is a financial member of a state or territory motor trade association. The parent or guardian must have been employed in that business for at least 12 months at the time of application. The Scholarship Fund is supported by auto parts recycling businesses across Australia.

CHILD DETAILS

Application Date _____

Applicant's Full Name _____

Street Address _____

Suburb _____ State _____ Post Code _____

Date of Birth _____ Grade/Class _____

Name of Current School _____

School's Phone Number _____

Please tick applicable category
 Academic Achievements
 Sporting Pursuits / Achievements
 Community Pursuits

Briefly explain your accomplishments in your chosen field

Briefly explain how this scholarship could benefit you and what would you and your family hope to achieve if granted this scholarship and, if available, attach copies of any merit certificate, awards or media coverage that acknowledge the achievement.

PARENT OR GUARDIAN DETAILS

Parent or Guardian's Full Name _____

Please tick if correct

- I have been continuously employed by an eligible employer business for at least 12 months
 I am not a Proprietor, Director, Share Holder, Stock Holder or Partner

Parent or Guardian's Occupation _____

Date current employment commenced _____

Parent or Guardian's Signature _____ Date _____

EMPLOYER DETAILS

Employer's Name _____ Phone Number _____

Company's Name _____

Company's Street Address _____

Suburb _____ State _____ Post Code _____

Employer's Signature _____ Date _____

Please send this form and supporting documentation to the Divisional Manager at your state and territory motor trade association or automobile chamber of commerce.

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MTA-Q

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35 Great Eastern Hwy,
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TACC

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VACC

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