



SCHOLARSHIP PARENTAL CONSENT FORM

Dear Parent or Legal Guardian

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

Student's Name

Student's Date of Birth

Parent's Name

Parent's Email

Phone

Address

I hereby consent for my child to be a recipient of:

(name of Scholarship)

through Bendigo TAFE. I have read and understand the terms and conditions as stipulated on the Bendigo TAFE website under Special Consideration.

Signature

(Parent/Guardian/Carer)

Date