



**AMR HAIR AND BEAUTY
SCHOLARSHIP
APPLICATION FORM 2016/2017**

Personal Details

Title: Ms Mr Miss Other

Gender: Female Male

Family Name:

Given Name:

Date of birth (DD/MM/YYYY): _____

Are you an Australian Resident? Yes No

Contact Details

Current residential address:

City: _____ State: _____ Postcode: _____

Telephone: _____ Mobile: _____ Fax: _____

Email (please print clearly):

Course Selection

What is the name of the course you would like to study/studying now:

Main reason for undertaking this course:

SCHOLARSHIP ESSAY (min. 350 words)

“Why do you want to be a part of hair and beauty industry and why you deserve to win the scholarship?”

CONTACT INFORMATION

AMR Hair and Beauty Supplies Pty Ltd

HEAD OFFICE / WAREHOUSE / RETAIL STORE

30-32 Garner Place, Ingleburn NSW 2565 Australia

Email: scholarship@amr.com.au

1300 789 913

www.amr.com.au