



# the Centre for Social Impact

## Scholarship Application Form

Title:

First Name:

Last name:

Position Title:

Organisation:

Email:

Phone:

### Description of organisation ( use approximate figures if not known )

Annual turnover:

Number of employees:

Training budget:

Explain how the scholarship would assist you and/or your organisation's development needs ( 100 words or less ):

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F: 02 9385 6161

#### Office Use Only Box

Course Code:

Scholarship Amount:

Scholarship offered: Yes  No