



YOUTH ANZAAS 2017 APPLICATION FORM VICTORIAN DIVISION

Once complete, email this form to secretary@anzaas.org.au by C.O.B. Friday 28th of April

Student Details:

First Name: Last Name:

Gender: Age on 9th July 2017:

Year Level: 10 / 11 / 12 School:

Phone Number: (.....)..... Mobile:

Email:

[Note: It is important that the e-mail address given here is clear, correct, and permanent.]

Address:.....

Suburb:..... Post Code:..... State:.....

How did you hear about Youth ANZAAS:.....

Student statement:

In 200-250 words, discuss one of the following:

1. The subject / field of science that you want to know more about or most excites you
2. An issue you feel scientists should be focusing their research energy upon
3. The influence that sparked your passion for science

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(Use another sheet of paper if more space is required)

Endorsement by Student's School Teacher or Principal :

Please get your teacher or school principal to write a brief paragraph stating why you would be a good delegate for YAI7. (i.e. grades, class participation, extra curricular activities).

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(Use another sheet of paper if more space is required)

Endorser's Name:

Title: School Teacher/Principal (circle one)

Parent/Guardian Approval:

I, (parent/guardian's name), give permission for (student's name) to apply to, and if successful, attend Youth ANZAAS 2017. Further, I agree to pay the student delegate fee of **\$600** if the application is successful.

Name:..... Relationship:.....

Signed:..... Date:.....