



Christopher Wise Education Scholarship

APPLICATION FORM

Please return your completed application to Challenge by the end of Terms 1 or 3 via one of the following methods:

MAIL:

529–535 King Street
West Melbourne VIC 3003

EMAIL:

mail@challenge.org.au

WHAT IS THE CHRISTOPHER WISE SCHOLARSHIP?

The Christopher Wise Scholarship was created in memory of Challenge Member Christopher Wise, whose enthusiasm and steadfast commitment to learning inspired everyone around him. Christopher's family remain closely involved in the selection process and continue to champion the scholarship with genuine care and encouragement.



WHO CAN APPLY?

To be eligible for the Christopher Wise Scholarship, the applicant must:

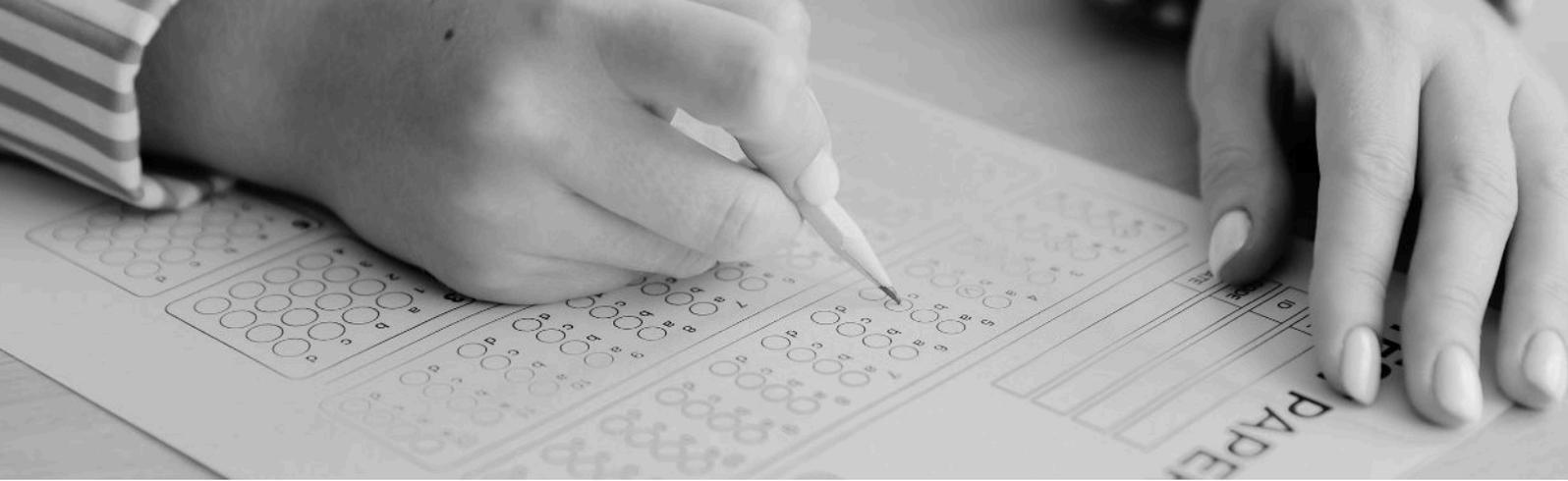
- Be a Challenge member who has been diagnosed with cancer or a life-threatening blood disorder
- Be aged between 5 and 18 years (inclusive)
- Not have previously been awarded the Christopher Wise Scholarship.

GUIDELINES

- **Complete every section thoroughly** – The more detail you can share, the better we can understand your circumstances, what you are working towards, and how this scholarship could genuinely support you.
- **Answer every question carefully** – Each question is included for a reason, and together they give a fuller picture than any single response can. Taking a little extra time to respond carefully ensures we don't miss important context.
- **Make sure your application is easy to read** – Clear, readable writing (or typed responses) means your story and your needs come through without interruption. If we can read your application easily, we can focus on what matters: understanding your family's situation and the support that will make the biggest difference.

CONFIDENTIALITY

All information provided in this application will remain strictly confidential.



Personal Information (Applicant)

Applicant Name :

Date of Birth :

Gender :

Address :

State : Postcode

Email :

Does your family primarily speak a language other than English in the home? If yes, what language does your family speak?

Yes No

Medical Information

Diagnosis :

Date of Diagnosis :

Hospital :

Doctor :

Have you suffered a relapse? Yes No



Academic History

Are you presently enrolled at school, a tertiary institution or any other academic institution? Yes No

What is the name of the School/Institution?

What year level are you currently undertaking?

What course of study are/will you be undertaking (if tertiary or specialised)?

During the period of study, what, if any, additional financial support do you expect to receive? (Including any other scholarships that you have received or are applying for).

DECLARATION

I, _____, parent/guardian of _____, confirm that I support this application and declare that, to the best of my knowledge, all information provided in this form is true and accurate at the time of signing.

Signature: _____ Date: ____ / ____ / _____

If your child is awarded the Christopher Wise Scholarship, do you consent to Challenge using a photo and short caption on its social media pages to acknowledge the award?

Yes No

Other Comments:

