



**LIFESAVERS
WITH PRIDE**

Proud Beaches Scholarship Application form

Name: _____

Email: _____

Phone: _____

Date of Birth: _____

Proposed Surf Club: _____

Course commencement Date: _____

Amount being claimed: _____

Tell us about yourself and why you want to be a lifesaver:

Tell us why you should be awarded the Proud Beaches Scholarship:

I accept the following terms and conditions: Yes/No

- * I support the charter of LWP, which is to promote lifesaving within the LGBTIQ community, and to support our LGBTIQ members within the lifesaving community
- * I will abide by the LWP and SLSA codes of conduct, which includes a zero tolerance for alcohol and drugs at all lifesaving events
- * I am aware that I need to fulfil all requirements of my local surf club as a condition of undertaking my Bronze Medallion (or SRC) such as meeting any timed swim, and course attendance as identified by my club
- * I am happy to create media content for LWP about my course. I give permission for these to be used by LWP and associated parties for the purposes of LWP fulfilling its charter
- * I understand that my application will be shared with the board of LWP.
- * I have answered all questions honestly and truthfully

How did you learn of the Scholarships? _____

Signature and Date: _____

Name and Signature of guardian if under 18: _____

ABN 20 398 158 298

www.lifesaverswithpride.com.au

info@lifesaverswithpride.com.au

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