

Hey Listen Up!

Are you a recipient of a Cochlear hearing solution studying at university?

You might be eligible to apply for the Graeme Clark Scholarship.



Hear now. And always



FURTHER YOURSELF WITH COCHLEAR™

The Graeme Clark Scholarship, awarded by Cochlear Limited, is a unique award set up to help recipients of Cochlear hearing solutions who are residents of Australia and New Zealand, better themselves through university study.

The scholarship consists of financial assistance of \$5,000 per year for a three-year undergraduate degree at an accredited university and is paid in instalments on the completion of each consecutive year of study. It is available to those who are; currently completing their final year of school, currently attending university or mature aged students who have been accepted into a university course.

Awarded on the basis of academic achievement and a demonstrated commitment to the Cochlear ideals of leadership and humanity, the winner of the Graeme Clark Scholarship is an ambassador for Cochlear and will be invited to engage in media and public awareness events as necessary.

Applications close 3 May, 2010.

For more information about Cochlear, or the work of Professor Graeme Clark, please visit the Cochlear website www.cochlear.com/au

How to Apply

To be considered for a Graeme Clark Scholarship, submit your application via post to Cochlear Ltd, Asia Pacific Region, The Graeme Clark Scholarship, PO Box 1674, Lane Cove NSW 2066, Australia.

Applications must be received by the close of business on 3 May, 2010. Late applications will not be accepted.

Your application should include the following information:

1. The application form below, signed in ink.
2. A short personal statement describing your academic aspirations and other interests. This should describe your area of proposed study, your goals post-graduation and the reasons why you wish to be a Graeme Clark Scholar. This statement must not exceed 1000 words and should be written in a simple and direct manner. You must sign the statement in ink.
3. Final school academic transcript (attach copy).
4. Prior university academic transcripts (if available).
5. Your university admissions notice (if available)
6. A succinct list of the principle activities and awards in school (including prizes, scholarships, offices held, athletic record and extracurricular activities) with dates. This summary must not exceed one A4 page in length, and should be set in a typeface no smaller than 10 points.
7. One photocopy of your birth certificate, passport or other proof of age and citizenship.
8. Proof of residency e.g. driver's license.
9. The names, addresses and telephone details of three referees (at least two of these must be people from whom you have received educational instruction).

Please keep in mind your application will be evaluated on your academic achievements, extracurricular activities, community involvement and leadership skills. The overall quality of your application will also be judged. If you have further enquiries please email: customerservice@cochlear.com.

Selecting the winner

A panel of judges will review all submitted scholarship applications. The winner will be announced in August 2010.

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APPLICATION FORM

To the SECRETARY, Committee of Selection, I _____, wish to apply for the Graeme Clark Scholarship from the country of _____, of which I am a legal resident (proof of legal residency may be required).

I completed my final year of school in _____ (year)

I was born on ____ / ____ / ____ in _____ (place)

I have attended school and achieved the final result: _____

I have a confirmed place at _____ University in the following course _____

I understand that should I be awarded a Scholarship, I will be paid in increments at the end of each year of university.

I also understand that should I fail to successfully complete each year of university my scholarship will be discontinued.

To be eligible for this scholarship, you must have an implant from Cochlear. This includes Cochlear, bone conduction and Hybrid implants.

I am a Cochlear recipient YES NO

I have attached all the required documentation, which I understand will not be returned to me. (Please attach copies only of requested formal documentation)

Signed _____ Date ____ / ____ / ____ Witness _____ Date ____ / ____ / ____

(Print name) _____ (Print name) _____

Address _____

Phone Number _____ Email _____