

COCHLEAR GRAEME CLARK SCHOLARSHIP AWARD



Application Form

The Graeme Clark Scholarship is open to Cochlear™ Nucleus® Implant recipients looking to further themselves by undertaking university or vocational studies. Apply today to win an academic scholarship worth £6,000 (€7,000).

Full name: _____

Date of birth: _____

Email address: _____

We will contact you by email regarding your application.

Device type:

- Cochlear™ Nucleus® 8 Sound Processor Cochlear™ Nucleus® 7 Sound Processor Cochlear™ Nucleus® 6 Sound Processor
- Cochlear™ Nucleus® Kanso® Sound Processor Cochlear™ Nucleus® Kanso® 2 Sound Processor
- Other (Please specify) _____

Name and address of university, college, or institute of further education which you are currently studying at or applying to study at:

Course being undertaken / applied for:

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Personal statement:

Please include a summary of your hearing journey and your academic or career ambitions.

A large, empty rectangular box with a dashed border, intended for the applicant to write their personal statement.

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Academic and extra-curricular activities or awards:

Please tell us about any extra-curricular activities, awards, or community involvement that will support your application. Please list them in chronological order:

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Winning the Scholarship

Please tell us what winning the Graeme Clark Scholarship award would mean for you and what opportunities this might open.

Supporting document checklist

Please make sure the following information is included with your email application:

- ✓ This completed and signed application form.
- ✓ A copy of your final or predicted grades, or statement of results.
Please include general and/or advanced level results.
- ✓ A copy of study acceptance letter, if available. *Must be submitted no later than at written acceptance of the scholarship if you are notified as the winner.*
- ✓ A letter of reference. *The referee must not be directly related to you and will have known you for at least two years. They must be an individual from whom you have received educational or coaching instruction.*

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How did you hear about the Graeme Clark Scholarship?

- I have read and understood the scholarship terms and conditions.
- I attach all the required documentation from the supporting document checklist, which I understand will not be returned to me.
- I understand my story can inspire others and I agree to sign a media release form provided by Cochlear should I be chosen as the winner.

Your personal information is processed in accordance with our Global Privacy Policy available at www.cochlear.com/privacy. If you are unsuccessful in your application, the personal information included in this form will be deleted within six months.

Signature:

Date:

If under 18 years of age, name and signature of parent or legal guardian

Name:

Signature:

**Applications open in January of each year and the deadline is 31st March.
Please download and complete this form, and send together with the supporting documents to ukawards@cochlear.com**

Please seek advice from your health professional about treatments for hearing loss. Outcomes may vary, and your health professional will advise you about the factors which could affect your outcome. Always read the instructions for use. Not all products are available in all countries. Please contact your local Cochlear representative for product information.

Cochlear, Hear now. And always, Nucleus, Kanso, Baha, Osia, the elliptical logo, and marks bearing an ® or ™ symbol are either trademarks or registered trademarks of the Cochlear group of companies (unless otherwise noted).