

ASIA PACIFIC LOTTERY ASSOCIATION SCHOLARSHIP APPLICATION FORM

To be completed by a Full Member of the Asia Pacific Lottery Association

Name of Member Organisation: _____

Event interested to attend: _____

Name of the Applicant: _____

Position in the Organisation _____

Date Joined in the Organisation _____

Has the applicant attended any past APLA events ? YES / NO (strike whichever is applicable)

If Yes, please state which Event and date of Event _____

Has the applicant attended any past WLA or Regional Association's events ?

YES / NO (strike whichever is applicable)

If Yes, please state which Event and date of Event _____

Has the applicant attended any past APLA, WLA or Regional Association's events under the APLA or WLA Scholarship Program? YES / NO (strike whichever is applicable)

If yes, please state which Event and date of Event _____

Recommended by Authorised Member: _____

Signature of Authorised Member: _____

Date of Application: _____

Signature of Applicant: _____

For Office Use Only

Checked on Past APLA events attendance: _____

Checked on Past WLA/Regional Association's events attendance: _____

Date approved by APLA Exco: _____