Jacqui Dodd Scholarship



Nomination Form

| Section A - Personal Details | |
|---|-------------------------------------|
| Name: | |
| Your Local Government: | |
| Address: | |
| | Post Code: |
| Phone: | |
| Email: | |
| Section B - Application Instructions | |
| 1. Attach completed Nomination Form 2. Attach written statement 3. Attach a current digital profile picture 4. Email the completed form and document to: training@walga.asn.au | |
| Closing Date/Time: | FRIDAY, 15 AUGUST 2025 - 12:00 NOON |
| PLEASE NOTE: LATE NOMINATIONS WILL NOT BE ACCEPTED | |
| Declaration | |
| I hereby submit my nomination and declare that all information I have provided is true and correct. I also certify that my nomination is made in accordance with my Council's policy on representation (where applicable). Should my nomination be successful, I will make every endeavour to commit the time and effort necessary to undertake this Diploma Scholarship opportunity. | |
| Nominee's Signature: | |
| Date: | |