

# Aspire Awards Application Form



Excellence in Visual Awards

## Instructions

Please complete the details below correctly. This information will be used to generate your Certificate and Cheque.

## Student/Candidate Information

|  |  |  |  |
|--|--|--|--|
| Student Legal Name<br>(This name is used to write your cheque)       |  | Street Address<br>Including City, State,<br>and ZIP Code |  |
| Student Preferred Name<br>(Will be used in the program/presentation) |  |  |  |
| Student Mobile/Phone   |  | Student Email Address                                    |  |
| Age of Student   |  | Student Signature  |  |
| Student Date of Birth  |  |  |  |
| Parent Name  |  | Parent's Email Address                                   |  |
| Parent's Mobile/Phone  |  | Parent's Signature                                       |  |

Do you identify as an Aboriginal or Torres Strait Islander Student? NO YES

## School Information –Teacher submitting application to Complete.

|   |  |                         |  |
|---|--|-------------------------|--|
| School Name                                     |  | Office Phone Number     |  |
| Teacher's Name<br>submitting the<br>application |  | Teacher's Mobile Number |  |
| Teacher's Email Address                         |  | Date                    |  |
| Name of Subject                                 |  | Level of Achievement    |  |

## Head of Year to Complete

|               |  |           |  |
|---------------|--|-----------|--|
| HOD Name      |  | HOD Email |  |
| HOD Signature |  | Date      |  |

## Principal

|   |         |      |  |
|---|---------|------|--|
| Principal's Signature                     |         | Date |  |
| Application Fee payable<br>by each school | \$88.00 |      |  |

Following the receipt of the registration form, the BLA will forward a Tax Invoice for \$88 to the school.

The Registration Fee is non-refundable.  
No limit to the number of entrants from each school.



### BANK DETAILS AND REFERENCE REQUIRED

ABN 60 902 261 190 ACC Name: BUSINESS LIAISON ASSOCIATION  
BSB: 633000 ACC Number: 120 970 611  
REFERENCE: Excellence in Visual Arts Awards - School Name and Invoice Number

## APPLICATION SUBMISSIONS CLOSE – Monday 11<sup>th</sup> September 2023

LATE APPLICATIONS WILL NOT BE CONSIDERED

Applications are to be emailed to both email addresses below

1. [the coordinator – lshead@stmonicas.qld.edu.au](mailto:lshead@stmonicas.qld.edu.au) and
2. [awards@bla.org.au](mailto:awards@bla.org.au)

PREDICTED LEVEL OF ACHIEVEMENT IN SENIOR SUBJECTS - Achievement of a B standard  
(65% or higher ATAR expectation) in one or more visual arts subjects

|   | SUBJECT              | RESULT               |
|---|----------------------|----------------------|
| 1 | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/> | <input type="text"/> |
| 4 | <input type="text"/> | <input type="text"/> |
| 5 | <input type="text"/> | <input type="text"/> |
| 6 | <input type="text"/> | <input type="text"/> |

#### Additional

School/Community Cultural Participation in Exhibitions or Events e.g. Energy, Receive Respond, school based exhibitions/competitions/Cairns Show.

|   |                      |  |
|---|----------------------|--|
| 1 | <input type="text"/> | Preferences for University or TAFE courses for<br>2024 |
| 2 | <input type="text"/> | <input type="text"/>                                   |
| 3 | <input type="text"/> | <input type="text"/>                                   |

Signature

*Signature of the Person Submitting this Form*

Name

*Name of the Person Submitting this Form (print)*

Date of Signature

MM

DD

YYY





### PRESENTATION NIGHT

All students are required to be at the Presentation Night to receive their prizes.  
The presentation evening will be held on

**DATE:** Thursday 23<sup>rd</sup> November 2023

**VENUE:** Pullman Cairns International Hotel

**ARRIVAL:** Winning students are required to arrive at the venue at 4:45pm to be registered and seated with the other award winners.

**CAR PARKING:** Available at Cruise Liner Terminal (next to Hemmingway's) in Council Car Park.

**DRESS CODE:** ALL STUDENTS ARE REQUIRED TO BE IN FULL FORMAL SCHOOL UNIFORM

*I have read and understood the guidelines, criteria and information accompanying this application. I declare that the work I have entered is an original by myself and has been completed in the last 12 months.*

*If proven to be a winner of this Award, I hereby approve the reproduction of the work on media such as television, associated websites and Social Media Forums i.e. Facebook. I also understand that my work may attract media attention for the Business Liaison Association, for which I will avail myself for such media attention where possible.*

**Student Name:** \_\_\_\_\_ **Student Signature:** \_\_\_\_\_

