



Application Form

Name:

Date of birth:

Address:

Email:

Phone number:

Emergency contact person:

Name:

Phone:

I understand that the cost to participate in this 10-week facilitated program is \$500.

I would like to apply for a scholarship full: half:

The FLOAT CAAMP account details are:

BSB 633 000 Account 172 504 441
(Please use your name as a reference)



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Tell us about your creative journey so far:

Why are you interested in FLOAT CAAMP?