SCHOLARSHIP APPLICATION

APPLICATION FORM



Full Name of Student:			
Name of Parent/Guardia	n:		
Address:			
Suburb:		Postcode:	
Home phone:	Work:	Mobile:	
Email address:			
Name of Scholarship app	lied for:		
Current Primary School:			
Grade 6 Teacher and Con	tact Number:		
Please list any informatio		student for the scholarship. The Grade 6 tenter in the year.	

Applications open Thursday 6th August and close Monday 14th September 2020

Please send this completed form to:

Business Manager Warrnambool College PO Box 442 Warrnambool Vic 3280