

## YOUR FUTURE YOUR WAY



# SCHOLARSHIP APPLICATION FORM

### SCHOLARSHIP APPLICATION

**APPLICATION FORM** 



Full Name of Student:			
Name of Parent/Guardian	:		
Address:			
Suburb:		Postcode:	
Home phone:	Work:	Mobile:	
Email address:			
Name of Scholarship appli	ed for:		
Current Primary School:			
Grade 6 Teacher and Conta	act Number:		

#### Student Achievements Relating to Scholarship:

Please list any information which will help us assess your student for the scholarship. The Grade 6 teacher may be contacted for further information, and a student interview may be required later in the year.

#### Applications open Thursday 4th August and close Monday 12th September 2022

#### Please send this completed form to:

Business Manager Warrnambool College PO Box 442 Warrnambool Vic 3280