Scholarship Application



Application Form

X

| Full Name of Student: | | |
|---|-------|------------|
| Name of Parent/Guardian: | | |
| Address: | | |
| Suburb: | | Post Code: |
| Home phone: | Work: | Mobile: |
| Email address: | | |
| Name of Scholarship Applied For: | | |
| Current Primary School: | | |
| Grade 6 Teacher and Contact 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. | | |
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| Applications close: 31 August 2018 | | |
| Please send this completed form Mrs Christine Dickson | | |

Warrnambool College P O Box 442 Warrnambool Vic 3280