



# Scholarship Application

## Application Form

Student's Full Name: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

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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\_\_\_\_\_

Please send this completed form to:  
Mrs Christine Dickson  
Warrnambool College  
P O Box 442  
Warrnambool Vic 3280