



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.

Applications Close: 22/10/2019
Please send this completed form to:
Mrs Christine Dickson
Warrnambool College
P O Box 442
Warrnambool Vic 3280