



Alphington

GRAMMAR SCHOOL

Grade 5

General Academic Excellence Scholarship Application Form

Old Heidelberg Road
PO Box 5007
ALPHINGTON
VIC 3078

Tel.: 03 9497 4777
Fax.: 03 9497 3479
E-mail.: ags@alphington.vic.edu.au
Website: www.alphington.vic.edu.au

Applicant's details

Student's Surname: _____

Given Names: _____

Gender: Male Female Date of Birth: _____

Name of Current School: _____

Current Year Level: _____

School Address: _____

Telephone: _____ Fax: _____

Parent's/Guardian's details

Mother's/Guardian's Surname: _____ First Name: _____

Father's/Guardian's Surname: _____ First Name: _____

Home Address: _____

_____ Postcode: _____

Postal Address (if different from home address): _____

_____ Postcode: _____

Telephone: Home: _____

Mother's/Guardian's Business: _____

Father's/Guardian's Business: _____

Information about the Applicant

Academic

Have you received a Scholarship before? No Yes—If Yes, please provide details

Type of Scholarship: _____

Year Level: _____

Name of School: _____

School Report

Please attach a photocopy of your last School Report or equivalent document for Semester 1.

Please note: Your application will not be considered unless you provide this information.

Music

Do you play a musical instrument? No Yes—If Yes, please provide details

Type of instrument: _____

At what level: _____

Have you played in a musical group? No Yes—If Yes, please provide details

Other Relevant Information

Please attach copies of any other information or documents you would like to provide in support of your application for example: Certificates, NAPLAN Test results or letters of commendation,.

Letter of Application

Please provide an original hand-written letter by the applicant of no more than 250 words, explaining why s/he would make a worthy scholarship winner at Alphington Grammar School.

Referees

Please supply details of two confidential referees below. The referees should know the applicant's school performance and academic capabilities well, and be prepared to vouch for the applicant's personal qualities.

Referee 1

Full Name: _____

Address: _____

Telephone: _____

Fax: _____

Referee 2

Full Name: _____

Address: _____

Telephone: _____

Fax: _____

Signature

Parent/Guardian: _____

Date: _____

Please return completed form to:

Alphington Grammar School

Old Heidelberg Road

PO Box 5007

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