

General Academic Excellence Scholarship Application Form

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
Alphington Vic 3078



Alphington
GRAMMAR SCHOOL



Applicant's details

Student's Surname _____ Given Names _____

Gender Male Female Date of Birth ____ / ____ / ____

Name of Present School _____

Present Year Level _____

School Address _____

Postcode _____

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

> Details _____

Other Relevant Information

Please attach copies of any other information you would like to provide in support of your application.