Alphington Grammar School

Scholarship Application for General Academic Excellence in Greek

2017

Applications close on Tuesday 1 March, 2016 at 4.00pm.

Scholarships may be awarded students who display exceptional talent in, and commitment to, the Greek language based on a written application, a written and oral examination and an interview.

Students entering between Year 7 to Year 10 Levels in 2017, are eligible to apply for these scholarships. It is an expectation that recipients of the General Academic Excellence in Greek Scholarship will continue their Greek studies in VCE.

The scholarships will range as a percentage off Alphington Grammar School tuition costs for varying periods of time commencing in 2017. The amount will be determined on a case by case basis for each individual applicant.

All applicants must register for the Greek examination paper by submitting this formal application to the Principal by Tuesday 1 March, 2016 to be considered for the award. No correspondence pertaining to any individual’s application or the award will be entered into once the School has made its decision.

Alphington Grammar School reserves the right to withhold a scholarship if no suitable candidate fulfils the criteria as deemed appropriate by the Selection Committee.

Successful Applicants will be short-listed for a personal interview with the Principal and the Head of Greek.
1. **Applicant's Personal Particulars**

Surname: ________________________________ First Name: _______________________

Date of Birth: _____ / _____ / _____  Gender: [ ] Male  [ ] Female

Current School: _______________________________________________________________

____________________________________ Academic Year in 2017:  ______________

Home Address: _______________________________________________________________

_________________________________________________________________________

Mother/Guardian 1 Name: _____________________________________________________

Father/Guardian 2 Name: _____________________________________________________

Phone (Home): ___________________________ Mobile: ___________________________

Email Address: _______________________________________________________________
2. Applicant’s Academic Record

(External applicants should attach most recent school report. Should you require additional space to respond, please attach additional pages to application form).

2.1 Do you attend any After Hours Greek School? If yes, please specify:

Yes ☐ No ☐

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2.2 When did you commence Greek studies?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2.3 What is important to you about the Greek Language?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2.4 Do you play a musical instrument? If yes, please provide details:

Yes ☐ No ☐

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
3. Applicants should include a personal statement of up to 250 words outlining their skills, attribute and reasons for applying for the scholarship (handwritten).
4. Should Alphington Grammar School require more information, my selected referees who you may contact are:

4.1 Name: ______________________________________________
    Phone Number: _________________________________________
    Email: ________________________________________________

4.2 Name: ______________________________________________
    Phone Number: _________________________________________
    Email: ________________________________________________

5. Declaration:

To the best of my belief, the information in this application is accurate and true.

Name of Applicant: _________________________________________

Signature of Applicant: ___________________________ Date: ____ / ____ / ____

Parent of Applicant: _________________________________________

Signature of Parent: ___________________________ Date: ____ / ____ / ____

8. Payment
An administrative fee of $60.00 is payable at the time of application.
This application will not be accepted as complete without payment.

Payment Type: □ CASH □ CHEQUE □ CREDIT: Visa / Mastercard / Amex
Card Number: ___________________________________________
Card Name: _____________________________________________
Expiry Date: ___________________________ Amount: $______________