Alphington Grammar School

Scholarship Application:

Academic Excellence in Greek

2018

Applications close on Wednesday 8 March, 2017 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 Year 7 to Year 10 Levels in 2018, 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 range as a percentage of School tuition costs for varying periods of time commencing in 2018. The amount will be determined on a case by case basis for each individual applicant. Please note: All consumables are payable at the relevant cost.

All applicants must register for the Greek examination paper by submitting this formal application to the Principal by Wednesday 8 March, 2017 to be considered for the award. The written exam will take place on Saturday 18th March 2017. 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: ____________________________

Country of Birth: ______________________ From overseas (which Country)__________

How long have you lived in Australia? ____________________________________________

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

Current School: ________________________________________________________________

_________________________ Academic Year in 2018: ________________

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 330 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:__________________________________________________________________

Relationship:__________________________________________________________

Contact Number:________________________________________________________

Email:_________________________________________________________________

4.2

Name:__________________________________________________________________

Relationship:__________________________________________________________

Contact 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: ____ / ____ / ____
6. **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: $_______________________