

# SCHOLARSHIP APPLICATION

## APPLICATION FORM



Full Name of Student:

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Name of Parent/Guardian:

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Address:

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Suburb:

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Postcode:

Home phone:

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Work:

Mobile:

Email address:

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Name of Scholarship applied for:

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Current Primary School:

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Grade 6 Teacher and Contact Number:

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### **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.

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**Applications open Thursday 5th August and close Monday 13th September 2021**

**Please send this completed form to:**

Business Manager  
Warrnambool College  
PO Box 442  
Warrnambool Vic 3280