



SCHOLARSHIP APPLICATION FORM

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Full Name of Student: _____

Name of Parent/Guardian: _____

Address: _____

Suburb: _____ Postcode: _____

Home phone: _____ Work: _____ Mobile: _____

Email address: _____

Name of Scholarship applied for: _____

Current Primary School: _____

Year 6 Teacher and Contact Number: _____

Student Achievements Relating to Scholarship - to be completed by student:

Please list any information which will help us assess your suitability for the scholarship. Your Year 6 teacher may be contacted for further information, and a student interview may be required later in the year.

Applications open Wednesday 2nd July and close Friday 15th August 2025

Please send this completed form to:

Business Manager
Warrnambool College
PO Box 442
Warrnambool Vic 3280

