

SCHOLARSHIP APPLICATION

STUDENT NAME:					
CURRENT Yr LEVEL:	5 🗆	6 7 8 9 9 10 11 1			
DATE:		//			
SCHOLARSHIP TYPE:		SPORTING SCHOLARSHIP			
		MUSIC SCHOLARSHIP			
		ACADEMIC SCHOLARSHIP			
The section to be completed by the student (Section C) must be provided in the student's own					
handwriting.					
Closing date for Year 7, 2021 scholarship applications is 23 August 2019. For all other year levels,					
applications close 31 August every year.					

Please return by due date to:

The Registrar CBC St Kilda PO Box 258 ST KILDA VIC 3182

Application for Scholarship

Scholarship Commencement Year

A.	Student Informa	tion							
Name:									
	Surnam	е					First Na	ame(s)	
Date o	f Birth://				Count	ry of Bi	rth:		
Addres	SS:								
									Postcode:
Teleph	none No:							Religi	on:
Curren	it School:								
Cuburk									Ctata
):								State:
Curren	it Year (Please circle):	5	6	/	8	9	10	11	
В.	Parent Informati	on							
□ Мо	ther	☐ Fa	ther			□ Gu	ıardian		
Name:									
	Surnam	e			_		First Na		
Date o	f Birth://				Count	ry of Bi	rth:		
Addres	SS:	•••••		•••••					
				•••••					Postcode:
Teleph	none Nos: Hor								Mobile
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Countr	ry of Birth:	•••••	Occi	ıpatı	011				
☐ Mo	ther	☐ Fa	ther			☐ Gu	uardian		
Name:									
	Surnam	е					First Na	ame(s)	
Date o	f Birth://				Count	ry of Bi	rth:		
Addres	ss:								
									Postcode:
Teleph	none Nos:								
	Hor	ne				Busine	ess		Mobile
Countr	ry of Birth:		Occi	ıpati	on				

C. Student's Statement

In your own handwriting and words, please provide a brief profile of yourself. Include details of your abilities, attitude to school and hopes for your future.		

D. Parent/Guardian Statement

Please provide a statement giving reasons why you would like your son/daughter to receive this Scholarship.

E. Teacher / Principal Statement (Primary) Teacher / Program Leader (Secondary)

Please provide a statement giving reasons why you believe this student is worthy of receiving a CBC St Kilda Scholarship.

F. Student's Academic Performance

Please attach copies of the two most recent school reports ONLY if your son/daughter is not currently a student at CBC St Kilda.

G. Student's Extra Curricular Interests

Sporting:	
Organisation	n:
Name:	
Contact Deta	ails:
Musical:	
Organisation	n:
Name:	
Contact Deta	ails:
Community Serv	vice:
Organisation	n:
Name:	
Contact Deta	ails:
Other:	
Organisation	n:
Name:	
Contact Deta	ails:

Please note:

- * The Registrar can be contacted for advice Monday to Friday 8.00am 4.00pm at the College on 9520 8589.
- * Applicants will not be required to sit for a test. However, current students who are short listed will be asked to present for an interview with their Program Leader and may then need to meet with Director of Learning Development.
- * A student's participation in extra-curricular interests needs to be verified by a relevant authority, eg. Member of basketball team, verified by basketball coach or team manager.

Office Use Only	
Date Received:/	Interview Date:/
	Interviewer:
Comments:	