

2020 Secondary Academic Scholarship

APPLICATION FORM

STUDENT DETAILS

FIRST NAME:		SURNAME:	
DATE OF BIRTH: __/__/____	2019 YEAR LEVEL:	<input type="checkbox"/> Yr 6	<input type="checkbox"/> Yr 7 <input type="checkbox"/> Yr 8 <input type="checkbox"/> Yr 9 <input type="checkbox"/> Yr 10 <input type="checkbox"/> Yr 11
ADDRESS:			
SUBURB:		STATE:	POST CODE:
CURRENT SCHOOL:			

GUARDIAN 1 DETAILS

FIRST NAME:
SURNAME:
RELATIONSHIP TO STUDENT:
ADDRESS:
SUBURB: POST CODE:
PHONE:
EMAIL:

GUARDIAN 2 DETAILS

FIRST NAME:
SURNAME:
RELATIONSHIP TO STUDENT:
ADDRESS:
SUBURB: POST CODE:
PHONE:
EMAIL:

HOW DID YOU HEAR ABOUT NORTHSIDE CHRISTIAN COLLEGE ACADEMIC SCHOLARSHIPS?

☐ FRIEND ☐ FACEBOOK ☐ NEWSPAPER ☐ WEBSITE ☐ OPEN DAY ☐ NEWSLETTER ☐ _____

DO YOU HAVE OTHER CHILDREN APPLYING FOR ACADEMIC SCHOLARSHIPS? ☐ YES ☐ NO

IF YES, PLEASE LIST THEIR NAMES: _____

APPLICATION FEE (\$100.00 PER STUDENT)

I/WE WILL BE PAYING THE NON-REFUNDABLE APPLICATION FEE BY: ☐ CASH ☐ CHEQUE ☐ CREDIT CARD (COMPLETE BELOW)

CREDIT CARD DETAILS: ☐ VISA ☐ MASTERCARD ☐ DEBIT CARD EXPIRY DATE ____/____

NAME ON CARD: _____ CARD NUMBER _____

ACCOUNT DETAILS: ACCOUNT NAME: _____ BRANCH NAME: _____

BSB No: _____ ACCOUNT No: _____

SUPPORTING EVIDENCE - PLEASE ATTACH

- ☐ LAST SCHOOL REPORT (COPY)
- ☐ CERTIFICATES/AWARDS/COMMENDATIONS (COPIES)
- ☐ BIRTH CERTIFICATE/PASSPORT - NEW STUDENTS ONLY (COPY)
- ☐ NAPLAN RESULTS (COPIES)

APPLICATIONS MUST BE PAID AND LODGED IN FULL BY:

4.00PM, FRIDAY 20TH SEPTEMBER 2019

OFFICE USE ONLY

<input type="checkbox"/> \$100 PAID	DATE _____
<input type="checkbox"/> RESULTS SENT	DATE _____
<input type="checkbox"/> INTERVIEW SCHEDULED	DATE _____
<input type="checkbox"/> ACCEPTANCE SENT	DATE _____
<input type="checkbox"/> ACCOUNTS INFORMED	DATE _____