



Academic Scholarship Application:

Name Of Student: _____

Year Level in 2018: _____ Citizenship: _____

Gender: _____ Date Of Birth: _____

Address: _____

Phone – Daytime: _____ Phone – Evening: _____

Mobile: _____ Email: _____

Parent Names:

Mother: _____ Father: _____

Address: _____ Address: _____

Present School: _____

Is the applicant a son, daughter, grandson or granddaughter of a past student of All Souls St Gabriels School? YES NO

If YES – please supply brief details:

Is the applicant a resident of the Flinders, Richmond or Winton Shires? YES NO Shire: _____

Permission:

I, _____, give permission for _____ to sit for the 2018 All Souls St Gabriels School Scholarship Examination. I understand that completion of this form does not constitute an **Application for Enrolment**.

Signature: _____ Date: _____

Lunch: As the Scholarship Application Examination will be conducted from 10.00 am to 12.20 pm at the school, candidates and their families are invited to join us for lunch with boarders and the Headmaster in Halse Hall at 12.30 pm. If you wish to join us, please complete the details below.

Applications close Friday, 10 March, 2017. The Scholarship Examination will be held on Saturday 18 March, 2017.

We are **ARE / ARE NOT** able to stay for lunch. There will be _____ members of our family attending.