

Scholarships

Achieve @

Bremer State High School





APPLICATION FOR ACADEMIC SCHOLARSHIP - Year 7 in 2019

Closing date: Friday, 29 June 2018

SECTION 1 – APPLICANT’S DETAILS

Family Name:		Date of Birth:
Given Names:		Preferred Name:
Age:	Current Year Level:	Current School:
How did you hear about the Scholarship Program?		

Please include copies of the following with your application:

- A copy of your son’s / daughter’s birth certificate or passport photo page.

SECTION 2 – FAMILY PROFILE

Parent/Guardian Full Name: (including title)	Occupation:
Parent/Guardian Full Name: (including title)	Occupation:
Home Phone:	Mobile:
Email:	Fax:
Residential Address:	
	Post Code:
Postal Address:	
Signature of Parent/Guardian:	Date:
Signature of Parent/Guardian:	Date:

