APPLICATION FORM ACADEMIC EXCELLENCE SCHOLARSHIP LITERACY



Applicant Details

Surname:
Given Names:
Address:
Phone Number:
Date of Birth:
Language/s spoken at home:
Current Year Level at Stonnington PS:

Parent/Guardian Details

Father/Guardian Title:	Mother/ Guardian Title:			
Surname:	Surname:			
Given Name:	Given Name:			
Address:	Address:			
Postcode:	Postcode:			
Phone (home):	Phone (home):			
Phone (business):	Phone (business):			
Mobile:	Mobile:			
Email:	Email:			
Signature of Father/Guardian:				
Signature of Mother/Guardian:				
Date:				

APPLICATION FORM ACADEMIC EXCELLENCE SCHOLARSHIP(LITERACY)

Academic Reference

The purpose of this reference (provided by a teacher/parent) is to confirm that the applicant has the academic potential and motivation to succeed at Stonnington Primary School. **APPLICANTS MUST BE IN GRADE2-6.**

Name of Applicant:
Name of Academic Referee:
Name of School:
How long have you known the applicant?
List the students' skills and achievements to support this application.(dot points please)

Applicant Statement

Please answer the following questions:

	What makes you a suitable applicant for the Stonnington Primary School Academic Excellence Scholarship (Literacy)?
2. I	n what way is receiving this Scholarship important to you?
3. \	What goals might you achieve being awarded this Scholarship?
4. (Give an example of something you have achieved and of which you are proud?
Please r	eturn to school by 19th September 2013