

St Michael's Collegiate School Scholarship Application Form

Office use only
Date application received:

SCHOLARSHIP INFORMATION

PLEASE USE BLOCK LETTERS

Which Scholarship are you applying for:

Academic Alumni Anglican Community Music

STUDENT DETAILS

Surname Date of Birth
First Name 2022 Year Level
Current School

Is the Student of Aboriginal or Torres Strait Islander origin? No Yes, Aboriginal Yes, Torres Strait Islander
(For persons of both Aboriginal and Torres Strait Island origin, mark both 'Yes' boxes.)

PARENT / GUARDIAN DETAILS

Relationship to Student Home Address
Title (Mr, Mrs, Miss, Ms, Dr, etc) Suburb State
Surname Postcode
Given Names Mobile
Email

Please note any medical or health issues that we need to know:

Do you have any other children at Collegiate? Yes No

Are you a past Collegiate student? Yes No

DECLARATION

Please ensure that you have completed and attached all relevant paperwork (e.g. Financial Circumstances Declaration (if required) and School Reports).

I / We declare that the information contained and disclosed in this form is true, accurate and complete to the best of my knowledge.

Signature of Parent / Guardian 1: _____ Date: _____



Please return this completed form to:
Email: scholarships@collegiate.tas.edu.au

PO Box 215, Sandy Bay, TAS, 7006
ABN 75 471 713 846

Any queries? Please contact our Enrolments Team
on +61 3 6211 4911

CRICOS Registration No. 00482K
www.collegiate.tas.edu.au