SCHOLARSHIP EXAMINATION APPLICATION FORM

Candidate’s Name in Full __________________________________________________________
Date of Birth _____________________________________________________________________
Candidate’s Present School _________________________________________________________

1. Mother’s name _________________________________________________________________
   Address _______________________________________________________________________
   Email _______________________________________________________________________
   Telephone No. (Home) ______________ (Work) ______________ (Mobile) ______________

2. Father’s name __________________________________________________________________
   Address ☐ As above (please tick) or _________________________________________________
   Email _______________________________________________________________________
   Telephone No. (Home) ______________ (Work) ______________ (Mobile) ______________

Old Guildfordian Relationship
Name ____________________________ Years ____________ House __________________

I wish to nominate my son to be considered for the following Scholarships (please tick appropriate box/es):

D’ARCY SLATER SCHOLARSHIP ☐ MUSIC OPEN SCHOLARSHIP ☐
COUNCIL SCHOLARSHIP ☐ MUSIC INSTRUMENTAL SCHOLARSHIP ☐
HARRY CAMPBELL POPE SCHOLARSHIP ☐ CHORAL SCHOLARSHIP ☐
CALDER CROWTHER SCHOLARSHIP ☐

DECLARATION
I, ________________________________________________ (Parent or Guardian) agree that if the
above named is successful in obtaining a Scholarship at Guildford Grammar School, and I agree to accept this
scholarship offer, he will enter the School at the beginning of Term 1, commencing 2016.

Signature of Parent or Guardian __________________________ Date _______________________

OFFICE USE ONLY

Financial Declaration: ☐ Personal reference: ☐
School reports: ☐ Music reference: ☐
NAPLAN: ☐ Birth certificate: ☐
Candidate testimonial: ☐ Portfolio received: ________