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 2017.

Signature of Parent or Guardian ___________________________ Date ___________________________

OFFICE USE ONLY

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