



2017 CHIFLEY SCHOLARSHIP

APPLICATION

Please complete the form below. If you are completing this form digitally, please type your name where it asks for a signature. Email this form with the required documents to the College Deputy Principal.

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DUE: TUESDAY 20th September, 2016. 3PM

STUDENT NAME	PRIMARY SCHOOL	2017 CAMPUS
PARENT/CAREGIVER NAME	HOME PHONE	MOBILE

ACADEMIC PROGRESS (*Please attach*) ½ Yearly Report - Year 6 Year 5 NAPLAN results

LEADERSHIP (*Tick*) Captain/Vice Captain SRC Prefect

Other (*add*) _____

TALENTS/INTERESTS (*Tick*) Music Sports Reading Debating Art/Craft

Other (*add*) _____

TEAMWORK EXAMPLES (*add*) _____

REPRESENTATIVE ACTIVITIES (*Tick*) Sport Music Debating Other (*add*) _____

WHY I WOULD LIKE TO RECEIVE THE 2017 SCHOLARSHIP... Write a paragraph about 100 words in length and **attach it** with your application. **Sign** here to certify it is all your own work. _____

PARENT/CAREGIVER ACKNOWLEDGEMENT: I acknowledge that my child will be attending _____ Campus in 2017 and I support this application. **Signature:** _____ **Date:** _____

SCHOOL NOMINATOR: I believe this student is a suitable candidate for an academically based scholarship because:

Name: _____ Position: _____

PRINCIPAL ENDORSEMENT: I support this application I do not support this application

Comment:

Name: _____ Signature: _____ Date: _____

CHECKLIST - BEFORE YOU SEND do you have:

- | | | |
|--|---|--|
| <input type="checkbox"/> Application form | <input type="checkbox"/> ½ Yearly Report – Year 6 | <input type="checkbox"/> Year 5 NAPLAN results |
| <input type="checkbox"/> Student Paragraph | <input type="checkbox"/> Nominator Comments | <input type="checkbox"/> Principal Endorsement |