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.

doEmail this form with the required documents to the College Deputy Principal.
cleen.holmes@det.nsw.edu.au

DUE: TUESDAY 20th September, 2016. 3PM

<table>
<thead>
<tr>
<th>STUDENT NAME</th>
<th>PRIMARY SCHOOL</th>
<th>2017 CAMPUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARENT/CAREGIVER NAME</td>
<td>HOME PHONE</td>
<td>MOBILE</td>
</tr>
</tbody>
</table>

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:

□ Application form  □ ½ Yearly Report – Year 6  □ Year 5 NAPLAN results
□ Student Paragraph  □ Nominator Comments  □ Principal Endorsement