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 child 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/she will enter the School at the beginning of Term 1, commencing 2018.

Signature of Parent or Guardian __________________________________________________________
Date __________________________________________________________

OFFICE USE ONLY

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

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