

2018 Academic Boarding Scholarship Application Form

| Applicant's Details | | | | |
|----------------------------|------------------------|---|--|--|
| Surname: | Given names: | _ | | |
| | Date of birth: | | | |
| | Current school: | | | |
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| Parent or Guardian Details | | | | |
| Parent or Guardian 1 | | | | |
| Title: Surname: | Given name: | | | |
| Relationship to applicant: | | _ | | |
| Residential address: | | _ | | |
| Suburb: | State: Postcode: | _ | | |
| Phone: (BH) | (AH) | _ | | |
| Mobile: | Email: | _ | | |
| Occupation: | Employer: | _ | | |
| ACK alumnus or alumna: | Yes No Year completed: | _ | | |
| House: | Former name (if any): | _ | | |
| Parent or Guardian 2 | | | | |
| Title: Surname: | Given name: | | | |
| Relationship to Applicant: | | | | |

| Residential address: | | |
|------------------------|------------------------|---------------------------|
| Suburb: | State: | Postcode: |
| Phone: (BH) | (A | H) |
| Mobile: | Er | nail: |
| Occupation: | Er | mployer: |
| ACK alumnus or alumna: | □ Yes □ No | Year completed: |
| House: | Fo | rmer name (if any): |
| | t orders applicable to | ents Association (ICPA)? |
| Siblings of Applicant | | |
| Name: | Name: | |
| Name: | | |
| Current age: | Current age: _ | Current age: |
| School: | School: | School: |
| Current year level: | Current year l | evel: Current year level: |
| House: | House: | House: |
| Student's School and | Academic Achiev | rements |
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| Student's Co-curricu | ular Achievements |
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| Student's Other Are | eas of Outstanding Achievement |
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| Student's Other Inte | erests and Hobbies |
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| Educational Needs | |
| To help us foster opportunities for all students to reach their College, we provide support for the learning needs of all and teacher assistance. To allow the college to achieve the about any special needs or conditions (physical, emotions either current or previously experienced. Supporting document assessments by psychologists or medical specialists shared. | Il students, including specialist support his, we ask you to provide information al or intellectual) relating to your child, mentation including reports, diagnosis |
| No special needs or conditions (physical, emotion experienced are known. | al or intellectual) current or previously |
| □ I provide the following information regarding spectrometric emotional or intellectual) current or previously expe | The state of the s |
| Application Checklist | |
| Please include the following documents with this application | on: |
| Copies of certificates, awards or other documents re | |
| and involvement of your child. | |
| ☐ Most recent school report. | |
| ☐ Most recent NAPLAN results. | |
| □ Supporting medical and/or custody documentation | 70 |
| Signature of Parent or Guardian 1: | Date: |
| Signature of Parent or Guardian 2: | Date: |

