

STUDENT DETAILS

FIRST NAME:		SURNAME:	
DATE OF BIRTH: __/__/____	2020 YEAR LEVEL:	<input type="checkbox"/> Yr 6	<input type="checkbox"/> Yr 7 <input type="checkbox"/> Yr 8 <input type="checkbox"/> Yr 9 <input type="checkbox"/> Yr 10 <input type="checkbox"/> Yr 11
ADDRESS:			
SUBURB:		STATE:	POST CODE:
CURRENT SCHOOL:			

GUARDIAN 1 DETAILS

FIRST NAME:
SURNAME:
RELATIONSHIP TO STUDENT:
ADDRESS:
SUBURB: POST CODE:
PHONE:
EMAIL:

GUARDIAN 2 DETAILS

FIRST NAME:
SURNAME:
RELATIONSHIP TO STUDENT:
ADDRESS:
SUBURB: POST CODE:
PHONE:
EMAIL:

HOW DID YOU HEAR ABOUT NORTHSIDE CHRISTIAN COLLEGE ACADEMIC SCHOLARSHIPS?

FRIEND FACEBOOK NEWSPAPER WEBSITE OPEN DAY NEWSLETTER _____

DO YOU HAVE OTHER CHILDREN APPLYING FOR ACADEMIC SCHOLARSHIPS? YES NO

IF YES, PLEASE LIST THEIR NAMES: _____

APPLICATION FEE (\$100.00 PER STUDENT)

I/WE WILL BE PAYING THE NON-REFUNDABLE APPLICATION FEE BY: CASH CHEQUE CREDIT CARD (COMPLETE BELOW)

CREDIT CARD DETAILS: VISA MASTERCARD DEBIT CARD EXPIRY DATE __/__/____

NAME ON CARD: _____ CARD NUMBER _____

ACCOUNT DETAILS: ACCOUNT NAME: _____ BRANCH NAME: _____

BSB No: _____ ACCOUNT NO: _____

SUPPORTING EVIDENCE - PLEASE ATTACH

- BIRTH CERTIFICATE/PASSPORT - NEW STUDENTS ONLY (COPY)
- LAST SCHOOL REPORT (COPY)
- NAPLAN RESULTS (COPIES)
- CERTIFICATES/AWARDS/COMMENDATIONS (COPIES)

OFFICE USE ONLY

<input type="checkbox"/> \$100 PAID	DATE _____
<input type="checkbox"/> RESULTS SENT	DATE _____
<input type="checkbox"/> INTERVIEW SCHEDULED	DATE _____
<input type="checkbox"/> ACCEPTANCE SENT	DATE _____
<input type="checkbox"/> ACCOUNTS INFORMED	DATE _____

APPLICATIONS MUST BE PAID AND LODGED IN FULL BY:

4.00PM, FRIDAY 18TH SEPTEMBER 2020