

# Academic Scholarship Application Form

#### Applications for the Academic Scholarship close on Friday 5th July 2024 at 4:00pm.

At Northside Christian College we want to see students flourish. Our annual scholarship program seeks to recognise and encourage students' spiritual, physical and academic development, as we know God gives students different gifts and abilities.

Scholarship recipients are required to uphold the Northside values of Faith, Hope and Love, and pursue their education at the College with enthusiasm and commitment.

#### Scholarship on offer

- · Academic Scholarship awarded to students who excel academically.
- Scholarships provide a discount of up to 70% off tuition fees, as determined by the Principal.

### Who can apply?

- Current and prospective students entering Years 7 and 10 in 2026.
- Students who are Australian citizens or permanent residents or on funded temporary VISAs.

## SCHOLARSHIP CRITERIA

## **Academic Scholarship**

- Scholarships are awarded on the basis of an academic examination conducted by an external organisation using objective measures.
- Evidence of previous academic results, including school reports, awards and references.
- Short-listed candidates will be invited for an interview with the Principal.

## **How to Apply**

- 1. Please fill out the application form below.
- 2. Provide supporting documents:
  - For the Academic Scholarship, please provide evidence of previous academic results, including school reports, awards and references.
- 3. Pay the application fee of \$100 per student.
- 4. Short-listed applicants attend an interview with the Principal if required.



# Academic Scholarship Application Form

#### **Key Dates**

- Scholarship applications due: Friday 5th July 2024.
- Academic Scholarship Examination held: Saturday 20th July 2024.
- Shortlisted students will be invited to an interview with the Principal in September 2024.

#### **Terms and Conditions**

Late applications will not be accepted. Application fees are not refundable.

The number and percentage discount of scholarships awarded are dependent upon the quality of applicants and the places available. Scholarships are awarded at the discretion of the Principal, whose decision is final, and no correspondence will be entered into.

The Academic Scholarship awards discounted tuition fees up to 70% until the student completes Year 12 at Northside Christian College.

The College will seek reimbursement of the value of tuition fees that were discounted under the scholarship for the period enrolled where the recipient leaves the College prior to completing Year 12 or the scholarship is terminated due to poor behaviour.

Students that are awarded an Academic Scholarship must maintain a strong academic standard and continuously display our College values through their behaviour. A recipient of an Academic Scholarship may have their scholarship reviewed and/or terminated where they do not comply with the College's rules and do not maintain a high standard of behaviour and academic standards.

The Scholarship does not cover the costs of school uniforms, books and stationary, camps, extra-curricular activities or other fees and levies. Students can hold only one tuition scholarship at any one time. Students that are Australian Citizens, Permanent Residents or hold a funded Temporary VISA are eligible to apply. Scholarships are not available to full-fee paying students on temporary VISAs (unfunded).

Prospective students who are offered an Academic Scholarship, but have not yet applied for enrolment at Northside Christian College, must submit a completed enrolment application form within four (4) weeks of receiving notification of their successful scholarship application. Failure to apply for enrolment within this timeframe, and to accept an offer of enrolment by the date listed in the enrolment offer, will result in the Academic Scholarship offer being withdrawn.

Please email your completed scholarship application, including supporting documentation, to the Scholarships Coordinator at scholarships@ncc.vic.edu.au or deliver in person to the College Reception.

<sup>\*</sup> A prospective student is a student not currently enrolled at Northside Christian College.



# Academic Scholarship Application Form

STUDENT DETAILS					
FIRST NAME:		SURNAME:			
DOB://	CURRENT SCHOOL:				
ADDRESS:					
SUBURB:	STATE	E: POST CODE:			
YEAR OF ENTRY: 2026		YEAR LEVEL: Yr 7 Yr 10	)		
RESIDENCY STATUS: Aus C	itizen	rm Resident Visa* Subclass:	-		
		*copy of Visa must be atta	ched		
PARENT/CARER	1	PARENT/CARER 2			
FULL NAME:		FULL NAME:			
RELATIONSHIP TO STUDENT:		RELATIONSHIP TO STUDENT:			
ADDRESS:		ADDRESS:			
PHONE:		PHONE:			
EMAIL:		EMAIL:			
CHURCH:		CHURCH:			
STUDENT ACADEMIC RECORD					
WHAT ARE YOU INTERESTED IN STUDYING IN SENIOR SCHOOL?					
WHAT ARE YOUR CAREER AND PATHWAY GOALS?					
PLEASE TELL US ABOUT YOUR SPECIAL ACHIEVEMENTS, GOALS, AWARDS, ETC					



## Academic Scholarship Application Form

DECLARATION					
I DECLARE THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT.  I HAVE READ THE COVER SHEET TO THIS APPLICATION AND UNDERSTAND AND AGREE TO THE TERMS AND ELIGIBILITY REQUIREMENTS OF THIS SCHOLARSHIP.					
NAME OF APPLICANT:					
PARENT/CARER 1 SIGNATURE:	PARENT/CARER 2 SIGNATURE:				
DATE:/	DATE:/				
APPLICATION FEE -	· \$100 PER STUDENT				
I/WE WILL BE PAYING THE NON-REFUNDABLE APPLICATION FEE BY:  CASH CHEQUE CREDIT CARD (FILL OUT BELOW)					
PAYMEN	T DETAILS				
_					
ACCOUNT DETAILS:  ACCOUNT NAME:					
BSB: ACCOUNT No:					
SUPPORTING EVIDENCE  PLEASE ATTACH:  LAST 2 SCHOOL REPORTS (COPY)	STORE OF SENT DATE: / /				

\*New Students Only

CERTIFICATES/AWARDS/ETC (COPIES)

BIRTH CERTIFICATE/VISA\* (COPIES)

NAPLAN RESULTS (COPIES)

APPLICATIONS MUST BE PAID AND LODGED IN FULL BY 4:00pm, Friday 5th July 2024

INTERVIEW SCHEDULED DATE:

DATE:\_

DATE:\_

ACCEPTANCE SENT

ACCOUNTS INFORMED



# Student Medical Information Form

This form <u>must</u> be completed for your child to sit the scholarship on Saturday, 20th July 2024 exam.

			CTUDEN :			
STUDENT DETAILS						
FIRST NAME:				SURNAME:		
			MEDICAL C	ONDITION	S	
DOES YOUR CHILD I	HAVE:					
ASTHMA	□ NO	ПΥ	FS - <b>2024 Asthma</b>	Action Plan Reg	uired * (Add details on	next page)
ANAPHYLAXIS	□NO				Required * (Add detai	
ALLERGIES	□NO				ested ** (Add details of	
ALLERGIES			E3 - 2024 Allergy /	Action Flan Requ	esteu (Aud details d	on next page)
			Haanin n		1	1
Dietary Restrictions		YES*	Hearing Problems	□ NO □ YES	Autism Spectrum Disorder	□ NO □ YES*
Dizzy Spells	□ NO □	YES*	Visual Problems	□ NO □YES	Recent Major Medic Procedure or Illnes	
Fainting	□ NO □'	YES*	Eczema	□ NO □ YES*	Travel Sickness	□ NO □YES*
Epilepsy/Seizure	s 🗆 NO 🗖 '	YES*	Chronic Heada Migraines	ches/	Long Term Chronic Condition	□ NO □ YES*
Diabetes	□ NO □	YES*	Anxiety or Phobias	□ NO □ YES	Other	□ NO □YES*
If you answered ☑ YES to any of the above questions, please refer to the next page.						
Band-aids:  ☐ Yes ☐ No					sion to use band-aids	s when
	administer	ing F	First Aid to my chil	d.		
necessary as	in First Aic part of thei dical emerç	r duty	of care. Northsid	le Christian Coll	irst Aid Treatment as ege may call an amb osts incurred will be	ulance in the
Northside Christian College requires that all students sitting the scholarship exam must be collected in person from the examination room by their parent/carer. Students will not be permitted to leave the examination without being accompanied by a parent or carer.						
DECLARATION						
I DECLARE THAT ALL THE DETAILS ON THIS FORM ARE CORRECT.						
PARENT/CARER NAM	ME:			PARENT/CARE	R SIGNATURE AND D	DATE:



# Student Medical Information Form

## **Medical Condition Details**

**Symptoms, Treatment & Medications** 

Asth	ma
------	----

A coloured copy of the <b>Asthma Action Plan</b> is required. This details signs, symptoms, treatment, actions and any medication required.
Blank copies can be obtained online (http://www.asthmaaustralia.org.au/) or from the school office to be completed by a G.P. or Specialist
Please note that all medications required must by supplied by parents/carers and will be kept in the student's bag for the duration of the
scholarship exam. Ventolin and spacers may also be kept with the student.

oured copy of the Anaphylaxis Action Plan is required. This details signs, symptoms, treatment, actions and any medication required copies can be obtained online (http://www.allergy.org.au/) or from the school office to be completed by a G.P. or Specialist. Plat all medications required must by supplied by parents/carers and will be kept in the student's bag for the duration of larship exam.  Please state confirmed allergens below  Please state confirmed allergens below  Please oppose the duration of the school office to be completed by a G.P. or Specialist. Please note the cations required must by supplied by parents/carers and will be kept in the student's bag for the duration of the scholarship exam.  Please state all allergies and medication used to treat them below	Please state asthma triggers below	
oured copy of the Anaphylaxis Action Plan is required. This details signs, symptoms, treatment, actions and any medication required copies can be obtained online (http://www.allergy.org.au/) or from the school office to be completed by a G.P. or Specialist. Plant all medications required must by supplied by parents/carers and will be kept in the student's bag for the duration of larship exam.  Please state confirmed allergens below  Please state confirmed allergens below  Please obtained online (http://www.allergy.org.au/) or from the school office to be completed by a G.P. or Specialist. Please note the cations required must by supplied by parents/carers and will be kept in the student's bag for the duration of the scholarship exam.  Please state all allergies and medication used to treat them below  Please state all allergies and medication used to treat them below		
oured copy of the Anaphylaxis Action Plan is required. This details signs, symptoms, treatment, actions and any medication required copies can be obtained online (http://www.allergy.org.au/) or from the school office to be completed by a G.P. or Specialist. Plant all medications required must by supplied by parents/carers and will be kept in the student's bag for the duration of larship exam.  Please state confirmed allergens below  Please state confirmed allergens below  Please obtained online (http://www.allergy.org.au/) or from the school office to be completed by a G.P. or Specialist. Please note the cations required must by supplied by parents/carers and will be kept in the student's bag for the duration of the scholarship exam.  Please state all allergies and medication used to treat them below  Please state all allergies and medication used to treat them below		
oured copy of the Anaphylaxis Action Plan is required. This details signs, symptoms, treatment, actions and any medication required copies can be obtained online (http://www.allergy.org.au/) or from the school office to be completed by a G.P. or Specialist. Plant all medications required must by supplied by parents/carers and will be kept in the student's bag for the duration of larship exam.  Please state confirmed allergens below  Please state confirmed allergens below  Please obtained online (http://www.allergy.org.au/) or from the school office to be completed by a G.P. or Specialist. Please note the cations required must by supplied by parents/carers and will be kept in the student's bag for the duration of the scholarship exam.  Please state all allergies and medication used to treat them below  Please state all allergies and medication used to treat them below		
oured copy of the Anaphylaxis Action Plan is required. This details signs, symptoms, treatment, actions and any medication required copies can be obtained online (http://www.allergy.org.au/) or from the school office to be completed by a G.P. or Specialist. Plant all medications required must by supplied by parents/carers and will be kept in the student's bag for the duration of larship exam.  Please state confirmed allergens below  Please state confirmed allergens below  Please obtained online (http://www.allergy.org.au/) or from the school office to be completed by a G.P. or Specialist. Please note the cations required must by supplied by parents/carers and will be kept in the student's bag for the duration of the scholarship exam.  Please state all allergies and medication used to treat them below  Please state all allergies and medication used to treat them below		
copies can be obtained online (http://www.allergy.org.au/) or from the school office to be completed by a G.P. or Specialist. PI that all medications required must by supplied by parents/carers and will be kept in the student's bag for the duration of larship exam.  Please state confirmed allergens below  Plan is requested. This details signs, symptoms, treatment, actions and any medication required. Blank cope obtained online (http://www.allergy.org.au/) or from the school office to be completed by a G.P. or Specialist. Please note this cations required must by supplied by parents/carers and will be kept in the student's bag for the duration of the scholarship exam.  Please state all allergies and medication used to treat them below  The condition then include specifics such as; symptoms, treatment, medications, regularity, additional assisted ded etc. Attach more sheets if necessary. If your child requires any medications (eg. Hayfever medication) please supp	naphylaxis	
Please state all allergies and medication used to treat them below  The security of the state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and any medication and any medicatio	nk copies can be obtained online (http://www.allergy.org.au/) or from the school office to be completed by a G.	P. or Specialist. Plea
Please state all allergies and medication used to treat them below  The security of the state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and any medication and any medicatio	Please state confirmed allergens below	
loured copy Action Plan is requested. This details signs, symptoms, treatment, actions and any medication required. Blank cope obtained online (http://www.allergy.org.au/) or from the school office to be completed by a G.P. or Specialist. Please note the cations required must by supplied by parents/carers and will be kept in the student's bag for the duration of the scholarship exam.  Please state all allergies and medication used to treat them below  The condition then include specifics such as; symptoms, treatment, medications, regularity, additional assistated etc. Attach more sheets if necessary. If your child requires any medications (eg. Hayfever medication) please supp		
loured copy Action Plan is requested. This details signs, symptoms, treatment, actions and any medication required. Blank cope obtained online (http://www.allergy.org.au/) or from the school office to be completed by a G.P. or Specialist. Please note the cations required must by supplied by parents/carers and will be kept in the student's bag for the duration of the scholarship exam.  Please state all allergies and medication used to treat them below  The condition then include specifics such as; symptoms, treatment, medications, regularity, additional assistated etc. Attach more sheets if necessary. If your child requires any medications (eg. Hayfever medication) please supp		
loured copy Action Plan is requested. This details signs, symptoms, treatment, actions and any medication required. Blank cope obtained online (http://www.allergy.org.au/) or from the school office to be completed by a G.P. or Specialist. Please note the cations required must by supplied by parents/carers and will be kept in the student's bag for the duration of the scholarship exam.  Please state all allergies and medication used to treat them below  The condition then include specifics such as; symptoms, treatment, medications, regularity, additional assistated etc. Attach more sheets if necessary. If your child requires any medications (eg. Hayfever medication) please supp		
loured copy Action Plan is requested. This details signs, symptoms, treatment, actions and any medication required. Blank cope obtained online (http://www.allergy.org.au/) or from the school office to be completed by a G.P. or Specialist. Please note the cations required must by supplied by parents/carers and will be kept in the student's bag for the duration of the scholarship exam.  Please state all allergies and medication used to treat them below  The condition then include specifics such as; symptoms, treatment, medications, regularity, additional assistated etc. Attach more sheets if necessary. If your child requires any medications (eg. Hayfever medication) please supp		
loured copy Action Plan is requested. This details signs, symptoms, treatment, actions and any medication required. Blank cope obtained online (http://www.allergy.org.au/) or from the school office to be completed by a G.P. or Specialist. Please note the cations required must by supplied by parents/carers and will be kept in the student's bag for the duration of the scholarship exam.  Please state all allergies and medication used to treat them below  The condition then include specifics such as; symptoms, treatment, medications, regularity, additional assistated etc. Attach more sheets if necessary. If your child requires any medications (eg. Hayfever medication) please supp		
nee obtained online (http://www.allergy.org.au/) or from the school office to be completed by a G.P. or Specialist. Please note the cations required must by supplied by parents/carers and will be kept in the student's bag for the duration of the scholarship exam.  Please state all allergies and medication used to treat them below  Please state all allergies and medication used to treat them below  Please state all allergies and medication used to treat them below  Please state all allergies and medication used to treat them below  Please state all allergies and medication used to treat them below  Please state all allergies and medication used to treat them below  Please state all allergies and medication used to treat them below  Please state all allergies and medication used to treat them below  Please state all allergies and medication used to treat them below  Please state all allergies and medication used to treat them below  Please state all allergies and medication used to treat them below	lergies	
Please state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication used to treat them below  The state all allergies and medication of the state all allergies and the state all allergies		
<b>1er</b> se List the Condition then include specifics such as; symptoms, treatment, medications, regularity, additional assista ded etc. Attach more sheets if necessary. If your child requires any medications (eg. Hayfever medication) please supp		
<b>1er</b> se List the Condition then include specifics such as; symptoms, treatment, medications, regularity, additional assista ded etc. Attach more sheets if necessary. If your child requires any medications (eg. Hayfever medication) please supp		
<b>1er</b> se List the Condition then include specifics such as; symptoms, treatment, medications, regularity, additional assista ded etc. Attach more sheets if necessary. If your child requires any medications (eg. Hayfever medication) please supp	Please state all allergies and medication used to treat them below	
se List the Condition then include specifics such as; symptoms, treatment, medications, regularity, additional assista ded etc. Attach more sheets if necessary. If your child requires any medications (eg. Hayfever medication) please supp		
se List the Condition then include specifics such as; symptoms, treatment, medications, regularity, additional assista ded etc. Attach more sheets if necessary. If your child requires any medications (eg. Hayfever medication) please supp		
se List the Condition then include specifics such as; symptoms, treatment, medications, regularity, additional assista ded etc. Attach more sheets if necessary. If your child requires any medications (eg. Hayfever medication) please supp		
se List the Condition then include specifics such as; symptoms, treatment, medications, regularity, additional assista ded etc. Attach more sheets if necessary. If your child requires any medications (eg. Hayfever medication) please supp		
se List the Condition then include specifics such as; symptoms, treatment, medications, regularity, additional assista ded etc. Attach more sheets if necessary. If your child requires any medications (eg. Hayfever medication) please supp		
se List the Condition then include specifics such as; symptoms, treatment, medications, regularity, additional assista ded etc. Attach more sheets if necessary. If your child requires any medications (eg. Hayfever medication) please supp		
ded etc. Attach more sheets if necessary. If your child requires any medications (eg. Hayfever medication) please supp	ther	
		lon) please supply