

APPLICATION FOR ACADEMIC SCHOLARSHIP FORM

Student Name :

Year of Entry in 2020 :

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Boarder / Day Student

Parent/s Name/s :

Address : Street:

Suburb/Town:

Postcode:

Phone :

Mobile:

Family Email :

What are your interests?

Why would you like to come to NEGS?

What contribution would you hope to make to the School?

DECLARATION

I understand that if I am selected as one of the recipients of an Academic Scholarship at NEGS, the scholarship is conditional on the following:

1. A scholarship holder will endeavour to maintain an appropriate level of academic achievement.
2. In all areas of school life, a scholarship holder must be a positive role model and fully support the ethos and values of the School.
3. A scholarship holder will be expected to represent the school as and when requested.
4. A scholarship holder's performance will be reviewed annually in terms of her participation in the life of the School and her academic studies.

I declare that to the best of my knowledge and belief, the information I have supplied in this application is correct and complete. I understand that if I provide incorrect or incomplete information this may result in the cancellation of any offer made by NEGS. I understand that if NEGS becomes aware of, or has reason to believe I have provided false or misleading information in my application, my eligibility will be reassessed. I recognise it is my responsibility to provide all necessary documentation.

We, the undersigned, agree the information provided in this application is not false or misleading and is a true representation as at the date below.

Candidate's Signature:

Date:

Parent / Guardian Signature:

Date:

CLOSING DATE: 22ND APRIL 2019

Please return the completed Application Form AND Application for Enrolment form (together with the documents referred to in that form) to:

The Enrolments Office
NEGS
Uralla Road, ARMIDALE NSW 2350

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reception@negs.nsw.edu.au | www.negs.nsw.edu.au