

EQUESTRIAN SCHOLARSHIP APPLICATION FORM

Student Name :

Year of Entry in 2020 :

7

8

9

10

11

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?



Please provide a list of equestrian achievements with proof of performance for the past two years:

Please indicate your preferred arrangement for your riding assessment:

- Be assessed at NEGS Provide a video of you riding
- Be assessed at a competition attended by the Head of Equestrian or other Assessor nominated by the School
(please contact our Enrolments Office to discuss this option)

DECLARATION

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

1. A scholarship holder will bring to NEGS the horse on which they were assessed.
2. A scholarship holder must maintain high levels of performance and must compete in at least one competition per term in their chosen discipline and represent the school at other times as and when requested.
3. A scholarship holder and their horse must wear the NEGS saddlepad and other NEGS attire when required for all competitions.
4. A scholarship holder must have at least one private lesson per week or be a member of a squad training group. The cost of this is not included in the scholarship.
5. A scholarship holder must assist with extra curricular equestrian activities, such as in-house competitions as requested.
6. A scholarship holder will endeavour to maintain an appropriate level of academic achievement.
7. 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.
8. A scholarship holder's performance will be reviewed annually in terms of her participation in the equestrian and general life of the School, her and her horse's performance 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:

*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