

MUSIC 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?



NEGS

Instrument(s) :

Teacher's Name(s) :

Current AMEB Grade, Trinity Grade or Suzuki Book :

Current School/Community Ensemble Membership :

Audition Pieces : *All applicants are required to perform one piece, undertake sight reading/singing, aural tests and interview.*

Instrumental/Vocal Piece :

Composer :

I will require an accompanist provided by the school Yes / No

DECLARATION

I understand that if I am selected as one of the recipients of a Music 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. A scholarship holder will endeavour to maintain an appropriate level of achievement in Music and will continue lessons in their chosen field (voice or instrumental) and perform regularly at school music events. The cost for instrumental tuition is met entirely by parents.
3. A scholarship holder is expected to be fully involved in the music life of the school including membership of relevant ensembles. The successful applicant will be expected to study music as a subject through to the Higher School Certificate.
4. A scholarship holder must be a positive role model and fully support the ethos and values of the School.
5. A scholarship holder will be Scholarship recipients are expected to be fully involved in the music life of the school including membership of relevant ensembles. The successful applicant will be expected to study music as a subject through to the Higher School Certificate.
6. A scholarship holder's performance will be reviewed annually in terms of her participation in the musical life of the School.

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