

EQUESTRIAN SCHOLARSHIP APPLICATION FORM

Student Name :								
Year of Entry in 2021 :	7	8	9	10	11	Board	der	Day Student
Parent/s Name/s :								
Address : Street:								
Suburb/Town:						Postcode	:	
Phone :					Mobil	le:		
Family Email :								
What are your interests?								
Why would you like to come to	NEGS?							
What contribution would you ho	ope to make to	o the Scho	ool?					
								,





Please provide a list of equestr	rian 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
	npetition attended by the Head of Equestrian or other Assessor nominated by the School Enrolments Office to discuss this option)
DECLARATION Lunderstand that if Lam select	ted as one of the recipients of an Equestrian Scholarship at NEGS, the scholarship is conditional on the following:
•	Il bring to NEGS the horse on which they were assessed. ust maintain high levels of performance and must compete in at least one competition per term in their chosen discipline
	ist maintain riigh levels of performance and must compete in at least one competition per term in their chosen discipline in other times as and when requested.
·	d their horse must wear the NEGS saddlepad and other NEGS attire when required for all competitions.
·	ust 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
·	ust assist with extra curricular equestrian activities, such as in-house competitions as requested.
•	ll endeavour to maintain an appropriate level of academic achievement.
•	e, a scholarship holder must be a positive role model and fully support the ethos and values of the School.
	erformance will be reviewed annually in terms of her participation in the equestrian and general life of the School, her and
provide incorrect or incomplet	y knowledge and belief, the information I have supplied in this application is correct and complete. I understand that if I is information this may result in the cancellation of any offer made by NEGS. I understand that if NEGS becomes aware ave provided false or misleading information in my application, my eligibility will be reassessed. I recognise it is my occurrentation.
We, the undersigned, agree the	e 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:

enrolments@negs.nsw.edu.au

or The Enrolments Office NEGS Uralla Road, ARMIDALE NSW 2350