

APPLICATION FOR JEAN NEWALL ALL ROUNDER SCHOLARSHIP FORM

Student Name :

Year of Entry in 2024 :

7

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Boarder / Day Student

Parent/s Name/s :

Address : Street :

Suburb/Town :

Postcode:

Phone :

Mobile:

Family Email :

What school and community activities are you currently involved in and what do you enjoy about being a part of them?

Tell us about your favourite subject at school? Please list any areas of academic achievement.

What contribution would you hope to make to the School and how would / does a NEGS education benefit you?

Please attach additional information you believe will assist the school to assess your application.

DECLARATION

I understand that if I am selected as one of the recipients of the Jean Newall All Rounder 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 in their relevant sport and co-curricular activities
4. A scholarship holder's performance will be reviewed annually in terms of her participation in the life of the School and their all-round performance in both co-curricular and 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: