

#### Scholarship Application

## STUDENT DETAILS This application is for the following student: Given Names: \_\_\_\_\_ Date of Birth: Residential Address: Postcode: Year: School currently attended: Is the student an Australian citizen? Yes/No (If No ,please attach evidence of visa status) Nationality Is the student of Aboriginal or Torres Strait Island origin? Yes/No Country of Birth: Language spoken at home: \_\_\_\_\_\_Religious Denomination: PARENT/GUARDIAN DETAILS This section relates to the parent/s (or guardian/s) of the Scholarship applicant. Parent/Guardian 1 Name: Mr/Mrs/Miss/Ms: (Given Names) (Surname) Residential Address: Postcode: Mobile Number: Postal Address: Postcode: Email address: Marital Status: No of dependants: Occupation: Parent/Guardian 2 Name: Mr/Mrs/Miss/Ms: (Given Names) (Surname) Residential Address: Mobile Number: Postcode: Postal Address: \_Postcode:



# Scholarship Application

Email address:						
Marital Status:	No of dependants:	Occupation:				
Details of other dependant children:						
First Name:	Family Name:	Age:				
School or other institution attended:		Year:				
First Name:	Family Name:	Age:				
School or other institution attended:		Year:				
First Name:	Family Name:	Age:				
School or other institution attended:		Year:				
If parents are divorced or separated, indicate the living arrangements for the child (children).						
Do any of your children receive Austudy or any other government educational assistance? Yes/No Please provide details:						
Are you or any members of your family beneficiaries or entitled to be beneficiaries under any trust, will or other estate? Yes/No Please provide details:						
1						



### Scholarship Application

Does your family receive any oth	er financial assistance? Yes	/No			
Please provide details:					
<u>DECLARATION</u>					
The information above is given to confidential.	o assist the College in evalua	ating my (our) application and is to be kept strictly			
I (we) declare that all of the inform	nation given above is true a	nd to the best of my (our) knowledge or belief.			
Parent /Guardian 1 Signature		Parent/Guardian 2 Signature			
Date:		Date:			
Please note that your application cannot be considered in the absence of the following documents.  Application checklist:					
tem	Check				
Folio					
Report 1 Academic/Pastoral					
Report 2 Academic/Pastoral		7			
Handwritten essay		7			
Reference 1					

Reference 2

Parent

bonafide

(Statutory Declaration Page 4)

statement

### Oaths Act 1867

# Statutory Declaration

QUEENSLAND	)
TO WIT	

I/We	9,	(name of parent/s or guardian/s),					
of _ sole	(address) in the State of Queensland do						
1.	My/Our financial circumstances are limited to the extent that I/we do not have the ability to meet payment of the tuition fees charged by Matthew Flinders Anglican College which are a prerequisite to my/our child being educated at the College.						
2.	Unless I/we are granted a remission of at least 50% of the current tuition fees my/our financial resources would not be sufficient to enable me/us to pay the tuition fees. With the remission of 50% of the fees I/we would have the ability to pay the balance tuition fees to enable my/our child to become a student of Matthew Flinders Anglican College.						
	I/we make this solemn declaration cons provisions of the <i>Oaths Act 1867</i> .	cientiously bel	eving the same to be true, a	nd by virtue of			
Dec	larant/s						
Tak	en and declared before me at	this	day of	20.			
— А Jı	ustice of the Peace/Commissioner for De	eclarations					